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Eve sleep in peace
every night*

*Not all nightmares
are over at dawn....*

*All the children of Eve
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*Dream of days when
the shadows are gone*



Recommendations of the Interagency Task Force on Homelessness

Prepared for Governor Gray Davis July 1, 2002

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From "The Children of Eve" © by songwriter Linda Eder

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————Interagency Task Force on Homelessness————

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Introduction

On March 21, 2002, Governor Gray Davis created, by Executive Order D-53-02, the Interagency Task Force on Homelessness. The Task Force is co-chaired by the secretaries of the Business, Transportation and Housing Agency and the Health and Human Services Agency and includes the secretaries of the Youth and Adult Correctional Agency and the Department of Veterans Affairs, the Secretary for Education, and the directors of the departments of Alcohol and Drug Programs, Corrections, Employment Development, Housing and Community Development, Health Services, Mental Health, and Social Services.

The Governor directed the Task Force to provide to him, by July 1, 2002, "a plan to incorporate homelessness prevention as an integral part of the mission within all state programs with the goal of reducing the incidence of homelessness in California." The Task Force was further directed to "incorporate at-risk assessment tools into existing program services to assist in identifying individuals at risk of homelessness, and develop recommendations to provide services to the homeless in an integrated manner." Finally, the Task Force was charged with developing recommendations to "utilize existing housing programs and proceeds from future housing bonds to significantly expand the number of permanent and transitional housing units for the long-term homeless population by 2010, and link supportive services into these programs to the greatest degree possible."

The Task Force held its first meeting April 16 and subsequently met nine times. This included two public hearings, both held in Sacramento, on April 22 and May 22. Task Force members also attended the Governor's Statewide Summit on Homelessness on April 22. The Task Force additionally solicited and received written public comment from those unable to attend either of the public hearings.

Plan Parameters

In proceeding with its work, the Task Force made three important early judgments. First, the Task Force believed that the Governor's choice of the words "plan" and "recommendations" rather than "report" indicated that this document should be action-oriented. In keeping with the focus on action, this plan proposes a variety of steps the State could take to address the issue of homelessness. Some of these proposals could be implemented immediately, while others would need a longer timeframe due to complexity, resource needs, or a variety of other reasons. Still others require further study to develop an appropriate course of action.

Second, the document focuses primarily on what State agencies can do individually or collectively. The State focus is the result of the specific directives provided by Governor Davis in his Executive Order. The Task Force recognizes that the bulk of services provided to the homeless occur at the local level and, as is reflected in several recommended actions,

anticipates increased collaboration between the State and local and non-governmental service providers in combating the problem of homelessness in California.

Finally, this document is part of an ongoing process to substantially reduce the incidence of homelessness in California. This is not the final word on how to “end homelessness” in California. Indeed, many of the recommendations explicitly require further study. Similar to the report presented to the Governor in March 2002, this is in many ways a report on the progress already made since the Governor elevated combating homelessness to a top state priority. The Task Force has learned a great deal about the causes and remedies of homelessness and concrete steps have already been taken at the State level to address this serious problem. However, we need more knowledge, more tools, and more time to develop other necessary steps.

Public Comments

The Task Force has heard from scores of people interested in the issue of homelessness in California. Many testified in person at one of the two public hearings held by the Task Force; others presented at the Governor’s Summit on Homelessness; and still others submitted written comments and testimony. Additionally, Task Force members and their staff pored through countless studies conducted in California and nationally that provided a tremendous amount of information on homelessness. Some of the comments have led directly to recommendations, while others still need more discussion before bringing forward a recommendation.

Guiding Principles

While the Task Force focused on the Governor's call for concrete action rather than general study, members did find it helpful to develop several guiding principles. Task Force members recommend that these principles guide all state action in combating homelessness.

1. Every man, woman and child in California should have a decent, safe and affordable place to live
2. Programs and services of the State of California should be administered in a manner that facilitates the prevention or alleviation of homelessness.
3. Homeless people are individuals and families who have become homeless for a variety of reasons. Remedies must be tailored to the needs of each individual and service providers must be ready, and have the flexibility, to do whatever it takes to get a person out of homelessness
4. Long-term solutions require programs that are broad-based, comprehensive, collaborative, and integrated. The full spectrum of state educational, social, and health programs can and do have an impact on homelessness.
5. Results matter. Programs intended to prevent or reduce homelessness should be accountable to the public for results. Programs and services should be measured in terms of outcomes, not merely in complying with program procedural requirements.
6. Fund what works. Programs that get the best results should continue; programs that do not get results should be improved or ended. Expectations for results and provisions for determining results should be included as conditions of funding.
7. The State must maximize and leverage funding opportunities from other sources, including the federal government and private philanthropies.
8. Actual service delivery is primarily local and local input and participation is critical for success.

Recommendations

The Task Force has developed a variety of proposals for consideration. These proposals are divided into five areas: cross-cutting issues, integration of programs and services, prevention, at-risk assessment, and housing. Many of the proposals cut across multiple categories; however, for purposes of this document they have been organized based on their predominant area of focus. The most significant recommendations are highlighted below.

Prevention and Intervention Planning

Prevention is the key to ending homelessness. We can improve crisis intervention and build more affordable housing (and the Task Force recommends doing both), but without a strong prevention strategy California will not decrease the incidence of homelessness.

State and local governments annually release in excess of 150,000 people each year from programs and institutions such as prisons, foster care, and mental hospitals, often without a place to live and with little money. In addition, there are families and individuals put at risk of homelessness from General Assistance payments far below the cost of housing, sanctions and time limits on CalWORKs, and lengthy waits for SSI and Medi-Cal. Little prevention planning is done to reduce the likelihood of these and other individuals becoming homeless.

Prevention of homelessness must begin at the earliest possible age and at the earliest moment that a person or family is assessed as being at risk. One of the best opportunities for early prevention is through the schools. Recently Congress passed and the President signed the No Child Left Behind Act, requiring each school district to assign staff using Title 1 funding to oversee a host of prevention activities for children and families at risk of homelessness. As a result of this federal legislation, schools are faced with having to identify both needs and programs to service those needs. The Task Force sees this as a wonderful opportunity and proposes that state and local agencies share their expertise and services with schools in the development of prevention strategies. By integrating mainstream services such as CalWORKs, Medi-Cal, foster care, public and subsidized housing, food stamps, mental health, and drug and alcohol counseling into school homeless prevention plans we can intervene at the earliest and least expensive point along the continuum of services.

There are prevention needs all along the continuum of care. As a general matter, the longer we wait to intervene, the more costly the intervention. The results of the AB 2034 program indicate that intervention once a person is chronically homeless can pay dividends by preventing more costly interventions such as hospitalization and incarceration, but intervention at earlier points in the lives of AB 2034 clients would reduce the need for such intensive intervention later. The Task Force recommends that state agencies should first focus

on early prevention strategies in the programs they operate to reduce the need for more costly prevention and intervention efforts down the line. In short, early prevention and intervention planning should become an ongoing responsibility of all state departments.

Some populations are at such high risk and touch so many different programs that a single department's efforts will not be adequate. The state must create specific prevention and intervention strategies for those populations. Among the populations that have repeatedly been cited as being most at risk are:

- ◆ The mentally ill
- ◆ Foster and runaway youth
- ◆ Drug and alcohol abusers
- ◆ Veterans
- ◆ Women and children

The proposed Council on Homelessness described below would bring together agencies that have contact with these populations to devise interagency prevention and intervention strategies.

A State Council on Homelessness

A key recommendation is that the agencies and departments that comprise the Task Force should become an ongoing Council on Homelessness. In the two months since the Homeless Summit, the Task Force has spent hours considering various recommendations related to the Executive Order. Many new relationships have been developed and members have made linkages to other programs in other agencies that no one had contemplated when this effort began. At times, the opportunities for integration and coordination have seemed almost endless, and certainly not every opportunity for better integration has been uncovered. Many areas need further work and hold great potential for combating homelessness.

The Council can maintain the momentum that the agencies and departments have made in the few months the Task Force has been together and can become the entity responsible for implementing any of the recommendations selected by the Governor. In addition, the Council should engage in rigorous research and evaluation of current and proposed programs. The Council should also form an advisory group to more formally engage our partners at the county and city level and the various faith- and community-based organizations that provide many of the direct services to the homeless. Until a decision is made about its future form, the Task Force intends to continue meeting to work on issues identified that need follow-up.

Research and Evaluation

Strong policy research and evaluation of existing and proposed programs is critical to ongoing success. In other words, the State should determine what works and fund it. The need for research and evaluation is immediate as departments and agencies create assessment tools, do inter-agency prevention planning, and implement the proposed recommendations.

Assessment Tools

To date, not only does the state not track the housing status of those discharged from public facilities and programs such as public assistance, prisons, county jails, foster care, county hospitals, mental health treatment centers, and drug and alcohol treatment centers, it has few assessment tools to use to prevent or intervene in homelessness. The Task Force recommends that the Council develop a Subcommittee on Assessments to develop assessment tools for use in state programs. The subcommittee would conduct a more comprehensive review of risk factors and create both a prevention assessment tool and an intervention assessment tool.

Integration

The ultimate purpose of integration is prevention. There should be a tangible prevention outcome from most integration. As was previously noted, the opportunities for integration are immense. These opportunities will expand when the state begins to actively engage with local officials and organizations.

There are two forms of integration covered in this report. One is intradepartmental integration that removes program barriers. An example of this is the proposal by the Department of Mental Health to integrate and coordinate the evaluation and data management processes for four mental health programs. A proposal by the Department of Alcohol and Drug Programs would require certain grantees to identify homeless participants as a condition of the grant. The recommendation to require homeless prevention plans of each agency will yield more integration efforts like these.

The second type of integration is between two or more agencies. The proposal to integrate mainstream programs with the public schools' homeless prevention programs is one example. Another example is the recommendation to create interagency prevention plans for extremely at-risk persons. Both these proposals will require departments to coordinate funding and programs to achieve better outcomes.

Supportive Housing

Housing is the linchpin to holding together a prevention and intervention plan. Unless there is a permanent, affordable housing unit that provides the services needed to avoid future lapses

into homelessness, prevention and intervention policies will not be as effective. Conversely, a housing program will be overtaxed if the need for such housing is not reduced by effective prevention. California has a large need for housing with services. Assuming voters approve the housing bond on the November ballot, one of the Task Force's proposals would create 11,250 units of supportive housing by 2010. Given that California likely has the largest homeless population in the country, the actual need is many times more. The proposed Council on Homelessness would create a Subcommittee on Housing to quantify the need for supportive housing and develop ways to meet it.

Make Homeless Funding and Policy a Federal Priority

The state must become a more active participant at the federal level in policy discussions related to homelessness. Many of the recommendations cannot succeed without significant increases in funding levels and program flexibility. This proposal not only seeks to increase the attention placed on these issues at the federal level, but also would require our departments to integrate their federal priorities with those of other agencies so that we speak with one voice on these issues at the federal level.

Specific Proposals

Cross-Cutting Issues

Proposal 1.1: Establish a State Council on Homelessness, an Advisory Panel on Homelessness, and a State Office of Homelessness.

Proposal 1.2: Make homelessness prevention a key mission of state agencies.

Proposal 1.3: Conduct research on risk factors associated with becoming homeless and use the findings to develop prevention and intervention assessment protocols.

Proposal 1.4: Ensure that staff to the proposed Council on Homelessness includes a point person whose charge is to coordinate administrative data collection across agencies, departments, programs, and local entities providing services to individuals or families who are either homeless or at risk of becoming homeless.

Proposal 1.5: Ensure that staff to the proposed Council on Homelessness includes a point person whose charge is to coordinate policy research and program evaluation across agencies, departments, programs, and local entities providing services to individuals or families who are either homeless or at risk of becoming homeless.

Proposal 1.6: Develop an annual homelessness agenda for California's federal advocacy efforts.

Integration of Programs and Services

Proposal 2.1: Integrate and coordinate AB 2034, SHIA, AB 3777, and PATH grant evaluation and data management processes.

Proposal 2.2: Reorganize the Systems of Care (SOC) Division within the Department of Mental Health (DMH) to create a new organizational structure that would combine the department's homeless efforts and create a primary point of contact for homeless issues within DMH.

Proposal 2.3: Examine existing barriers and opportunities to providing seamless linkages between children's and adult mental health service systems.

Proposal 2.4: Create a new category of Alcohol and Other Drug (AOD) Program Certification entitled the Homeless Shelter Program.

Proposal 2.5: Modify the Terms and Conditions of both the DCP and CDCI grants to identify participants who are homeless and require each grantee to report quarterly on the number of homeless participants.

Proposal 2.6: Establish the Veterans Homes Division Homelessness Task Force within the Department of Veterans Affairs.

Proposal 2.7: Utilize existing network of homeless services organizations to do outreach and education with organizations/providers to gather input regarding improving access to clinical care for homeless populations and preventing TB transmission in homeless individuals

Proposal 2.8: Expand state support of collaborative planning activities for the development of integrated housing assistance and service delivery and maximization of available resources.

Proposal 2.9: Direct the California Rural Health Policy Council to devote public meeting time to the issue of rural homelessness.

Proposal 2.10: Utilize the housing-specific civil service classification "Housing and Community Development Representative/Specialist" within state departments and agencies administering homeless programs.

Proposal 2.11: Require the proposed Council on Homelessness to collaborate with the Department of Education to provide technical assistance to local education agencies on the resources available to homeless families or families at risk of becoming homeless.

Prevention

Proposal 3.1: Identify the major barriers, issues, and needs impacting alcohol and other drug (AOD) clients who are homeless.

Proposal 3.2: Ensure that services through the federal Safe and Drug-Free Schools and Communities (SFDSC) program be provided to at-risk and currently homeless youth, including those in need of mental health services.

Proposal 3.3: Incorporate homeless service delivery models into existing Department of Alcohol and Drug Program (ADP) funded training and technical assistance contracts, and expand the services of the ADP Resource Center to include published research relating to homelessness and AOD problems.

Proposal 3.4: Create the Veteran Parolee Transitional Support Program.

Proposal 3.5: Expand and/or increase the number of foster youth pilot programs offered through the Employment Development Department.

Proposal 3.6: Increase the amount of money targeted to support employment and training programs for veterans with significant barriers.

Proposal 3.7: Create the Veteran Parolees Benefits Awareness Program.

Proposal 3.8: Develop and propose revised State hospital discharge protocols and evaluate options for discharge/placement services and funding to be used to minimize the chances of discharged patients becoming re-hospitalized, incarcerated, or homeless.

Proposal 3.9: Develop discharge planning models and make them available to counties to assist with inpatient acute discharges.

Proposal 3.10: Enhance county participation in the Supportive Transitional Emancipation Program (STEP).

Proposal 3.11: Develop collaborative programs between the Department of Social Services, the Employment Development Department, and the California Workforce Investment Board to meet the job training needs of emancipating foster youth.

Proposal 3.12: Expand the Department of Social Services contracts for the Outpatient Substance Abuse Program for Low-Income Women and Their Children to provide a supportive housing subsidy component for women who successfully complete treatment.

Proposal 3.13: Develop and improve current inter-agency communication and agreements with the state agencies that can influence and enhance release plans for inmates being released by the Department of Corrections.

Assessment

Proposal 4.1: Develop a standardized CalWORKs eligibility pre-screening tool that can be used for people who are currently or at risk of becoming homeless.

Proposal 4.2: Enhance the CalWORKs Indian Health Clinic (IHC) Program to include a risk assessment for homelessness.

Housing

Proposal 5.1: Establish a goal of creating 11,250 units of supportive housing by 2010 using funds from the housing bond and other sources.

Proposal 5.2: Amend state law to more closely integrate fair housing law with laws related to local land use approval.

Proposal 5.3: Prescribe local permit processing standards for supportive housing and emergency shelters.

Proposal 5.4: For development applications for supportive housing for more than six individuals, or for emergency shelters, expand the authority of an existing state agency or establish a new or subsidiary state-chartered entity authorized to review local government land-use decisions.

Proposal 5.5: Establish a Base Conversion Committee to monitor the conversion of closed military bases and support homeless service providers by requiring cities and counties to include them in the conversion process.

Proposal 5.6: Submit a waiver to the U.S. Department of Housing and Urban Development for authorization for local contractors to implement a shallow rent subsidy program using existing funds available through the Housing Opportunities for Persons with AIDS program.

Proposal 1.1: Establish a State Council on Homelessness, an Advisory Panel on Homelessness, and a State Office of Homelessness

Submitting Agency: Governor's Office of Planning and Research

RECOMMENDATION

1. Extend the Interagency Task Force on Homelessness charge through the current calendar year.
2. Make the Task Force permanent by statute, although re-named the State Council on Homelessness. Its membership should include all those currently on the Task Force plus the State Treasurer, the State Superintendent of Public Instruction, the Attorney General and a representative from the Governor's Office. The chair of the Council should be rotated among the agency secretaries who are members of the Council.
3. Create an Advisory Panel on Homelessness comprised of representatives of local social service, health, law enforcement and other agencies; local elected officials; non-government providers of services to the homeless; homeless advocates and homeless individuals; and the business and philanthropic communities to provide advice to the State Council on Homelessness, particularly on how to coordinate state and local efforts.
4. Establish a non-cabinet level State Office on Homelessness within the Governor's Office of Planning and Research (OPR).

One reason this effort has been successful to date is that the Task Force is comprised of those individuals within state government who have the authority to make decisions that alter and improve state services. These directors and secretaries should remain directly involved in this effort.

The Council should be tasked with the following responsibilities:

- ◆ Overseeing the implementation of the actions recommended in this plan
- ◆ Developing specific goals for reducing homelessness in California, and benchmarks that would evaluate progress towards those goals
- ◆ Coordinating research activities that would provide data on the homeless or potentially homeless
- ◆ Evaluating the success of state programs impacting homelessness and making budgetary or other recommendations accordingly
- ◆ Continuing to review and recommend other efforts California could undertake in regard to preventing or alleviating homelessness

The role of the Advisory Panel to the Council is to ensure a high level of cooperation and integration among state and local services, ensuring state and local policies complement each other, and providing a mechanism for sharing best practices in regard to combating homelessness.

The function of the State Office on Homelessness would be to provide a single point of contact within State government on homelessness. The recommended State Office on Homelessness could have among its duties:

- ◆ The maintenance of a website and a toll-free information line on state homelessness programs
- ◆ The creation and distribution of materials on state homelessness programs
- ◆ Help in the convening and work of the State Council on Homelessness

The Task Force makes no recommendation on the exact staffing needs of such an Office, but disagrees with those who believe such an office should be a cabinet-level position. The Office would be housed appropriately within OPR because the Governor's Office is well equipped to ensure cooperation among various agencies and OPR is tasked in statute with facilitating inter-agency cooperation. The director of OPR is a member of the Governor's senior staff and reports directly to the Governor.

FISCAL CONSIDERATIONS

Resource needs could vary depending on the scope, from minimal cost utilizing existing resources to several hundred thousand additional dollars per year.

BACKGROUND

In receiving public testimony, the Task Force repeatedly heard calls for the creation of a central point of contact for homelessness issues at the state level. This was also a recommendation made by the Senate Bipartisan Task Force on Homelessness. The state has not previously had an office or a permanent council on homelessness. The maintenance of a council and the creation of an office would serve to facilitate state efforts to combat homelessness, and would underscore the importance of this issue to the state.

As was made clear by the March 2002 report to the Governor, *A Summary Report on California's Programs to Address Homelessness*, California has a variety of programs aimed at preventing or alleviating homelessness spread over multiple agencies. Prior to the Governor's creation of the Interagency Task Force on Homelessness, there were few venues where the

heads of the departments and agencies operating these programs came together specifically to discuss the issue of homelessness.

As evidenced by the other recommendations in this plan, the coming together of relevant agency and department heads, along with their in-house experts, has already, in a short period of time, generated a number of valuable suggestions for improved state services to the homeless and a more cohesive approach to preventing homelessness.

IMPLEMENTATION TIMEFRAME

This recommendation could be implemented in as few as six months.

Proposal 1.2: Make homelessness prevention a key mission of state agencies.

Submitting Agency: Department of Housing and Community Development

RECOMMENDATION

1. Direct agencies to determine whether any of the populations they regularly interact with are at high risk of becoming homeless and develop prevention strategies for reducing the incidence of homelessness within these populations. The Task Force or any entity created and made responsible for homeless issues at the state level would identify the agencies required to develop prevention strategies and assist them in identifying opportunities for collaboration and integration.
2. Direct the Task Force or any entity created and made responsible for homeless issues at the state level to develop specific strategies to prevent homelessness among extremely at-risk populations in state care or for whom the risk of long-term homelessness is so severe that early intervention is warranted.
3. Direct the agencies that are required to develop prevention strategies to identify a single point of contact for homeless issues and to develop a mechanism on how the agency is making homeless prevention central to its mission.

The state should develop prevention strategies that operate along a continuum of care. At one end of the continuum are strategies and programs that address conditions before one becomes homeless, such as education; public benefits like TANF, SSI, and food stamps; health care; employment training; affordable housing; etc.

Moving further along the continuum are strategies designed to assist persons at risk of homelessness. At-risk populations may require a variety of supplemental programs to prevent an onset of homelessness, such as special education, youth development, job training, alcohol and drug abuse counseling, rehabilitation, basic mental health services, peer counseling and support, etc.

The next stage along the continuum is transitional homelessness. This stage is generally the first or second time the person has become homeless and involves more intensive, temporary programs such as incarceration, institutionalization, emergency medical care, emergency shelter, emergency benefits, and short-term comprehensive supportive services.

The last stage along the continuum is long-term homelessness. This stage requires intensive interventions such as repeated acute medical care or psychiatric hospitalization; repeated

contacts with the criminal justice system; incarceration and parole; and long-term housing with comprehensive, intensive, integrated services.

The recommendations address the various stages of homelessness. Recommendation #1 requires departments that interact with at-risk populations to develop strategies that will steer individuals on the edge into lower-cost programs that will reduce the risk of them entering long-term homelessness. These strategies could include:

- ◆ Coordinating categorical programs and making funding streams more flexible
- ◆ Evaluating existing programs to determine if they are effective and redirecting funds to programs with demonstrated effectiveness
- ◆ Collaborating among departments to make all programs “doors” to the full range of services available
- ◆ Evaluating existing programs to insure that services are client-oriented and culturally relevant

Recommendation #2 requires the Task Force or whatever entity may be formed to follow up on recommendations to bring together departments that operate “mainstream” programs to devise system-wide plans for preventing homelessness for those in state care or those at extreme risk of becoming chronically homeless. These strategies could include:

- ◆ Making discharge or re-entry planning more outcome focused
- ◆ Providing services while in state care that will facilitate successful discharges
- ◆ Arranging for benefits and housing to be available when discharged
- ◆ Coordinating funding priorities, applications, and decisions to provide opportunities for successful transition to independent living

Recommendation #3 requires each department with a connection to homelessness to have a staff person dedicated to prevention and integration. This person would coordinate the ongoing planning and implementation of prevention strategies and communicate with other departments about emerging issues and opportunities. In addition, the staff person would report regularly to the Task Force on how homelessness has become a central mission in their department.

RESOURCE CONSIDERATIONS

The recommendations can be carried out within existing resources but implementation of prevention strategies may have unknown cost implications.

BACKGROUND

The state already provides significant “mainstream” programs and services that prevent homelessness, such as public education, workforce development, TANF, SSI/SSP, veteran services, unemployment compensation, Workers Compensation, foster care, and affordable rental housing. Some programs, such as the TANF Homeless Assistance Program and the Emergency Housing Assistance Program, provide assistance to those at imminent risk of becoming homeless.

Despite the broad range of programs touching on homelessness, state agencies have not developed broad prevention strategies designed to reduce long-term homelessness. These proposals would create an ongoing duty among identified state departments to make homeless prevention a central part of their mission. While each recommendation is important in its own right, the key concept is that there will be entities and individuals with the specific responsibility to plan for prevention. Currently, state departments are neither responsible for preventing homelessness nor have they assigned staff to coordinate their prevention efforts. Further, in the absence of planning and coordination, opportunities for integration of systems are missed. These missed opportunities increase the likelihood of long-term homelessness and force the state and local governments to pay for far more costly intervention services.

Current programs are only partially coordinated, requiring clients to go to multiple programs to receive services. The lack of integration of programs results in persons going further along the continuum of services, with each stage becoming progressively more expensive to the state. Focusing agencies on prevention of homelessness not only will result in better outcomes, but also will be more cost effective.

IMPLEMENTATION TIMEFRAME

Proposal 1.3: Conduct research on risk factors associated with becoming homeless and use the findings to develop prevention and intervention assessment protocols.

Submitting Agency: California Health and Human Services Agency

RECOMMENDATION

Establish a Committee on Assessments within the proposed State Council on Homelessness to accomplish the following:

- ◆ Conduct research on risk factors associated with becoming homeless.
- ◆ Based on the research and review of findings, develop or adopt the following assessment protocol(s), if appropriate, and solicit stakeholder input:
 1. Prevention assessment protocol: Identify individuals at risk of becoming homeless. Such an assessment could be administered in existing programs that work with individuals at risk of becoming homeless, such as the Independent Living Program for youth aging out of foster care, or at an initial food stamp eligibility assessment.
 2. Intervention assessment protocol: Identify behavioral, emotional, health, and circumstantial issues (such as domestic violence, mental health, substance abuse, alcohol and other drug use) for individuals who are homeless and could benefit from services and/or treatment. Such an assessment could be administered by programs working with homeless populations, such as battered women's shelters and drug treatment centers, or by law enforcement.
- ◆ Develop a plan for implementing the use of the assessment protocols in existing programs to the extent possible. For example, agencies and departments could conduct a review of related assessment protocol or tools currently used in programs to identify ways to integrate the homelessness prevention and/or intervention assessment protocols or tools.

RESOURCE CONSIDERATIONS

There would be state-level costs associated with convening a Committee on Assessments and conducting the tasks recommended in this proposal. These funds could provide for the purchase of specific technical expertise to assist in the completion of the tasks. In addition, the tasks would require significant staff time from each of the departments and agencies involved in this effort.

Depending on the final recommendations that result from this project, there may be costs involved in developing and distributing materials, as well as costs for local providers or agencies to implement and administer prevention and/or intervention assessment tools. Such implementation would require an indeterminate amount of staff and funding needs.

BACKGROUND

Part 1: Prevention

A difficult task of any prevention effort is to identify who is likely to become homeless, yet this is critical to targeting our programs more effectively. Accurately targeting assistance improves cost effectiveness and ensures resources go to people who would be homeless without it. The Governor's Executive Order requests that the Task Force consider ways to incorporate at-risk assessment protocols into existing program services to assist in identifying individuals at-risk of homelessness. Consistent with the order, assessments can be a valuable tool in identifying individuals at risk of becoming homeless.

Preliminary analyses show that among those most at risk of homelessness are the very poor who spend a large (over 50 percent) portion of their income on housing or who have a temporary or unstable housing arrangement (for example, those who are doubled-up). Within this population of very low income individuals, those most at risk are those who have been homeless before; have no support networks to assist with housing or finances; have an institutional history (such as a prison or a mental health facility) and whose institutional stay was not followed by steady employment, stable housing, and sobriety; have been in foster care; or are victims of domestic violence.

However, a more comprehensive review on risk factors associated with homelessness is necessary. Further, it is unclear whether a preventive assessment or screening tool exists. Therefore, we recommend that the proposed State Council on Homelessness establish a Committee on Assessments to conduct further research on risk factors associated with becoming homeless, as well as review possible at-risk assessments or screening tools or protocols (including a review of other state, federal and other organizational efforts).

Part 2: Intervention

In addition to prevention efforts, it is extremely important to provide integrated and comprehensive support services to provide long-term solutions that alleviate homelessness. In this context, assessments can be valuable tools in identifying areas for potential treatment. Today, many local providers use a variety of assessment instruments in existing programs as the basis for developing a treatment or case plan for services. For example, local mental health departments use assessment tools to identify behavioral or emotional issues. Some local welfare departments may use multi-disciplinary assessment tools to screen for an array of strengths and/or barriers to self-sufficiency. We recommend that the Committee on

Assessments work with relevant agencies and departments to conduct a review of existing assessment protocols or tools currently in use.

Part 3: Development and implementation of assessment tools

Should the review and research of prevention and intervention assessment protocols or tools conclude that it would be appropriate, we recommend that the Committee develop or adopt two assessment protocols.

1. Prevention assessment protocol: Identify individuals at risk of becoming homeless. Such an assessment could be administered in existing programs that work with individuals at risk of becoming homeless, such as the Transitional Independent Living Plan for youth aging out of foster care.
2. Intervention assessment protocol: Identify behavioral, emotional, health, circumstantial (such as domestic violence, mental health, substance abuse, alcohol and other drug use) for individuals who are homeless and can benefit from services/treatment. Such an assessment could be administered by programs working with homeless populations such as a battered women's shelter, or by law enforcement.

Finally, the Committee should develop an implementation plan for integrating use of the assessment protocols/tools into existing programs to the greatest extent possible. In some cases, it may be possible to require that the assessments be integrated into a program. In other cases, it may not be appropriate to institute such a requirement, and the Committee may consider disseminating best practice guidelines, convening statewide forums, or providing technical assistance or training to local providers to encourage the use of the assessments.

IMPLEMENTATION TIMEFRAME

The following is the proposed timeline for implementation of this recommendation:

<u>Task</u>	<u>Proposed completion date</u>
Convene a Committee on Assessments	January 2003
Research risk factors	February 2003
Develop/adopt assessment protocols	May 2003
Solicit stakeholder input on the protocols	June 2003
Review existing assessments and develop implementation plan	August 2003

Proposal 1.4: Ensure that staff to the proposed Council on Homelessness includes a point person whose charge is to coordinate administrative data collection across agencies, departments, programs, and local entities providing services to individuals or families who are either homeless or at risk of becoming homeless.

Submitting Agency: California Health and Human Services Agency

RECOMMENDATION

Ensure that the group staffing the proposed Council on Homelessness includes a specialist in administrative data systems who also is familiar with the uses of data for policy research and evaluations. This individual would advise the Council on data system issues related to coordinating and integrating prevention and intervention services for individuals or families who are either homeless or vulnerable to homelessness. Further, this individual would chair an interdepartmental subcommittee whose charge is to oversee implementation of Council data system recommendations.

RESOURCE CONSIDERATIONS

Staffing the Council primarily will involve staff time. Actual systems design costs are indeterminate at this time.

BACKGROUND

Currently, most programs designed to provide services to individuals and families who are homeless or at risk of becoming homeless operate relatively autonomously. These programs or projects typically evolved from disparate federal and state legislation enacted over a long timeframe or from funds from a variety of public and private sources. Many, but not all, of these programs have administrative data systems designed to provide information about program activities.

Typically, however, program designers do not consider interactions with other programs or projects when developing data collection and analysis systems for programs. This lack of coordination limits the ability of policymakers to understand program interactions. Uncoordinated and poorly designed data systems also frequently do not collect the data needed to ensure proper accountability. In other cases, similar programs, which target similar groups but are operated by different agencies, departments, or levels of government, might develop incompatible data systems. Such cases limit policymaker ability to assess the relative effectiveness of potentially competing programs. Finally, lack of data system compatibility can reduce the ability of policymakers when designing integrated service projects intended to

prevent or reduce homelessness. Without such information, it becomes much more difficult to appropriately blend funding sources.

Given that one goal of the Governor's Executive Order on Homelessness is to improve integration of services, there is a clear need to ensure that policymakers have appropriate information about both existing and new programs.

IMPLEMENTATION TIMEFRAME

Immediate timeframe for Council staff, with additional staffing and resource needs dependent on data-related issues raised by the Council or incorporated in legislation.

Proposal 1.5: Ensure that staff to the proposed Council on Homelessness includes a point person whose charge is to coordinate policy research and program evaluation across agencies, departments, programs, and local entities providing services to individuals or families who are either homeless or at risk of becoming homeless.

Submitting Agency: California Health and Human Services Agency

PROPOSAL

Ensure that the group staffing the proposed Council on Homelessness includes a specialist in policy research and evaluation in order to provide advise to the Council on research and evaluation issues related to developing, coordinating and integrating prevention and intervention services for individuals or families who are either homeless or vulnerable to homelessness. Further, this individual will chair an interdepartmental subcommittee whose charge would be to oversee implementation of Council policy research and evaluation recommendations.

RESOURCE CONSIDERATIONS

Staffing the Council primarily would involve staff time. Other policy research and program evaluation costs are indeterminate at this time.

Notwithstanding the ability to use a portion of project funding to support evaluations, the Council should have access to funding to ensure that critical policy research and evaluation activities occur to support the mission of the Council.

BACKGROUND

The Governor's Executive Order sets several goals designed to prevent homelessness. These goals include development of a universal risk assessment tool, reducing the incidence of homelessness, and integrating programs whose goal is to prevent or reduce homelessness. Achieving these goals will require both leadership and information. Currently, leadership is diffused among a number of agencies, departments, and levels of government. To some extent, this is useful since local needs differ greatly. Nonetheless, effective leadership requires good information about the populations at risk of becoming homeless as well as about those individuals and families that are currently homeless. Further, good leadership needs good information about what works and for whom. Developing this kind of information requires a high-quality policy research and evaluation presence.

Creating an effective policy research and evaluation presence on the staff to the Council should help develop the information needed to create better strategies needed to achieve the goals enunciated in the Executive Order. Specifically, the Council will want to form a better picture of

the homeless population—something the Census Bureau and others have attempted with mixed results. In addition, there are few high-quality evaluations of programs designed to provide integrated services to currently or formerly homeless individuals and families. Consequently, the Council will need to develop both better information about existing programs and better demographic information about at-risk populations so integrated service programs are both effective and targeted.

Producing high-quality policy research and evaluation projects requires experience with research design, review of proposals, development of contracts that ensure accountability for work product, and experience in understanding and interpreting evaluation results. Typically, evaluations of the kind the Council will need require multiple strategy designs, including ethnographic studies, surveys, statistical analysis, site visits; and, in some cases, experimental designs. The knowledge to produce consistently high-quality products in a timely fashion is not widely held within state government.

IMPLEMENTATION TIMEFRAME

Staffing the Council is immediate. Design and implementation of policy research and evaluation would have varying timeframes depending on the policy research and evaluation issues raised by the Council or incorporated in legislation.

Proposal 1.6: Develop an annual homelessness agenda for California's federal advocacy efforts and make homeless funding and policy efforts a high priority at the federal level and with national and regional associations.

Submitting Agency: Department of Housing and Community Development

RECOMMENDATION

Many proposals presented by the Task Force require financial or regulatory assistance from the federal government. In discussions at the Task Force we have discovered examples of two or more agencies with a common interest in or affected by a federal action.

The Task Force recommends that, in consultation with the Governor's Washington office, the Council on Homelessness serve as a forum for agencies and departments to discuss federal issues prior to the start of federal advocacy. This process should yield two key results: First, opportunities for shared federal advocacy will be identified and agencies will have an opportunity to develop joint proposals to pursue at the federal level.

Second, by learning what each agency is working on at the federal level, several key cross-cutting issues could be identified and shaped into a federal homeless agenda for the state. For example, many departments desire more housing for their populations, but few departments other than the Department of Housing and Community Development (HCD) are aware of or advocate for housing programs that would assist their populations. The integrated federal agenda could then become part of the materials used by all concerned departments and agencies when they conduct federal advocacy.

The Governor should place a high priority on federal advocacy on homeless issues by his Administration. The Governor's Office should regularly contact members of Congress and affected federal Cabinet agencies to inform them of California's progress in addressing homelessness and the ongoing needs of the state in reducing homelessness. The Governor should also place homelessness on the agenda of the National Governors Association and other national and regional organizations that are appropriate for raising homeless issues.

RESOURCE CONSIDERATIONS

This proposal could be implemented with existing resources.

BACKGROUND

The federal government provides the majority of funds used in programs that assist the homeless. Federal funding statutes and regulations play a dominant role in determining how federal funds are utilized at the state and local level. Many state agencies interact regularly with

both federal agencies and Congress. To date there has been little coordination of these efforts at the state level when it comes to homeless funding and policy.

At the federal level there are currently a number of important efforts underway that could have a significant impact on homelessness in California. For example, TANF reauthorization legislation could provide increased funding and flexibility to insure that families on aid do not become homeless, yet the state Department of Social Services and HCD do not have a common position on what provisions should be in the bill to accomplish this. The federal Health and Human Services Agency is considering removing barriers for service dollars for assisted living housing that could greatly facilitate the development of supportive housing. Additionally, veterans programs, mental health programs, alcohol and drug programs, and employment training programs are all heavily dependent upon funding from the federal level.

There are many opportunities for state agencies to advance statewide interests at the federal level, but these opportunities are often missed because there is no systematic way for departments to share their agendas with other departments. Moreover, the state has not spoken with one voice on homeless issues at the federal level. By making the Council on Homelessness a forum for federal coordination on homeless issues, we can enhance the overall effectiveness of federal advocacy by state agencies.

By having a common homeless agenda among state departments, the Governor is in a better position to make homelessness a high priority for federal advocacy. The Governor would be able to convey a comprehensive view of the state's needs and have that viewpoint reinforced by the departments and agencies that interact with federal officials. In addition, by providing the Governor with an interagency agenda, he can join with other Governors in advocating for broad system changes that will reduce homelessness.

IMPLEMENTATION TIMEFRAME

This process could begin immediately upon formation of the Council on Homelessness.

Proposal 2.1: Integrate and coordinate AB 2034, SHIA, AB 3777, and PATH grant evaluation and data management processes.

Submitting Agency: Department of Mental Health

RECOMMENDATION

Integrate and coordinate AB 2034, SHIA, AB 3777, and PATH grant evaluation and data management processes to further improve the effectiveness and efficiency of programs that are successful in moving persons with mental illness from homelessness to housing and causing other improved life outcomes.

To accomplish this, the Department of Mental Health (DMH) proposes to:

1. Partner with local grant providers to deliver, measure, and report on program accountability based on outcome reporting.
2. Promote best practices utilized in agencies where individual and system outcomes show high performance and success. DMH would conduct a comprehensive planning process to identify ways to modify grant application, administration, program training, data collection and reporting, and outcome evaluations to increase the impact of these programs in mitigating homelessness.

Each of these grant programs was established at different times in either state or federal legislation and serves varying but overlapping target populations. While all of the programs provide financial housing assistance and/or support services to persons with mental illness who are homeless or at risk of homelessness, program requirements vary in many areas, such as data collection, reporting, and outcome evaluation. Through the proposed planning process, DMH, in collaboration with grantees and other housing advocates, would review and identify the individual and shared aspects of these programs and would recommend modifications to administrative, programmatic, or outcome reporting requirements that best support local program efforts and provide meaningful information about program success. The process would include identifying necessary state or federal statutory or regulatory changes. Options to be explored include, but may not be limited to:

- ◆ Developing uniform data collection, reporting and evaluation requirements that document program performance.
- ◆ Developing methods to utilize existing data to document or verify program performance.

- ◆ Commissioning an independent, combined evaluation of all DMH homeless programs.
- ◆ Carving out the non-mental health population from the SHIA program and transferring administration of projects serving that group to the Department of Housing and Community Development, allowing DMH to focus its coordination, administration and outcome reporting efforts on programs that serve persons with mental illness.
- ◆ Providing staff support to the National Governors Association and other organizations that are working with the federal government to make PATH requirements more flexible.
- ◆ Issuing a single notice of funding availability for multiple programs serving the homeless, making all interested parties aware of grant programs serving homeless persons with mental illness.
- ◆ Coordinating advisory bodies on programs serving homeless individuals, such as the Supportive Housing Program Council, the Supportive Housing Task Force and the AB 2034 Advisory Council.

FISCAL CONSIDERATIONS

DMH can complete this process within existing resources.

BACKGROUND

Each DMH homeless program was established in response to different State or federal legislation, and each program has different grant making, data collection and reporting, and evaluation requirements. PATH is a federal program administered by the Substance Abuse and Mental Health Services Administration (SAMHSA) that provides outreach and treatment services to individuals who are homeless or at risk of homelessness. AB 2034 and AB 3777 programs were established by State legislation to provide comprehensive, integrated services to individuals with serious mental illness. However, AB 2034 specifically targets the homeless or those at risk of homelessness, while AB 3777 has a broader target population that includes homeless individuals. SHIA was established by state legislation to provide funding for housing and support services to private non-profit agencies or local jurisdictions that serve low-income individuals with a variety of disabilities, including individuals with mental illness. Because these programs were established separately, sometimes many years apart, and because each program has its own separate “constituency” in terms of both target population and providers, options for coordination and integration have not previously been analyzed. Instead, state and local staff have worked together to keep one another informed of program activities on an informal basis.

This proposal would improve grant application and grant-making procedures, provide policymakers with more comprehensive and consistent information about homeless programs and services that produce improved individual and system outcomes, and better ensure targeting of grant funds to successful local programs. Over the past three years, the AB 2034 program has collected and reported on specific individual and system outcomes that document its effectiveness. This information has been critical to both the Governor's and the Legislature's ongoing support of the program. Undertaking an effort to report on all programs serving homeless persons with mental illness in a consistent way can only take place at the State level. Since State legislation created three of the four affected programs and since DMH is responsible for distributing the grant funds for all four programs, this seems to be an appropriate task for DMH.

IMPLEMENTATION TIMEFRAME

This proposal can be implemented in FY 2002-03.

Proposal 2.2: Reorganize the Systems of Care (SOC) Division within the Department of Mental Health (DMH) to create a new organizational structure that would combine the department's homeless efforts and create a primary point of contact for homeless issues within DMH.

Submitting Agency: Department of Mental Health

RECOMMENDATION

Currently, there are two separate organizational units dealing with issues of homelessness within the Department of Mental Health (DMH), each with different processes for awarding funds, differing timeframes for implementation, and different requirements for each program. The major homeless initiatives include Integrated Services for Homeless Adults with Serious Mental Illness (AB 2034), Supportive Housing Initiative Act (SHIA), Projects for Assistance in Transition from Homelessness (PATH), and employment.

DMH proposes to create a new structure formed by one section that administers both the SHIA and PATH programs, and two sections that administer AB 2034 and DMH employment activities.

The head of the new structure would serve as the primary contact within DMH for homeless initiative issues. Thus, DMH would be in a better position to coordinate homeless programs and to provide more consistency to the process of funding and implementing those programs. In addition, DMH would focus on making data collection and oversight more consistent.

It is anticipated that this will make DMH homeless programs more efficient and will enhance the support for county mental health programs and others addressing homeless issues at the local level. For example, several homeless programs already have PATH, SHIA, and AB2034 dollars, yet they have three different sets of data reporting requirements, different rules about how funds may be expended, and different procedures to apply for funding. The goal is to facilitate client access to services and housing by consolidating as many of these requirements as possible.

RESOURCE CONSIDERATIONS

DMH can complete this process within existing resources.

BACKGROUND

Each of the DMH's homeless programs was developed at different times in response to different state or federal legislation and funding sources: PATH is a federally funded program; the employment program is a cooperative program with the Department of Rehabilitation that utilizes federal dollars; AB 2034 is a state General Fund program that addresses problems of

homelessness for persons who are severely mentally ill; and SHIA is a General Fund program that serves persons with a very low income and a variety of disabilities. Since the programs have different origins and funding sources, they have historically been viewed as distinct programs.

This proposal has the potential to create better coordination between DMH's homeless initiatives at the state and local level. The proposal reflects the desires of the Supportive Housing Program Council and local groups applying for program funding. There are no apparent legal considerations. The Department has the authority to make this change.

IMPLEMENTATION TIMEFRAME

This proposal could be implemented in FY 2002-03.

Proposal 2.3: Examine existing barriers and opportunities to providing seamless linkages between children's and adult mental health service systems.

Submitting Agency: Department of Mental Health

RECOMMENDATION

State Department of Social Services (DSS) data indicate that from 25 to 40 percent of the homeless population are former foster youth, and 70 percent of imprisoned men are former foster youth. Adolescents in foster care who suffer from mental illness are at even greater risk of homelessness as a consequence of the transition from youth to adulthood. The primary cause appears to be insufficient individualized planning for this transition, either by the Children's System of Care (CSOC), through which the youth receives services until his/her 18th or 21st birthday, or by the Adult System of Care (ASOC), which is responsible for providing services after that birthday. Making appropriate policy changes to facilitate this transition would significantly decrease the likelihood that young people with mental illness will be discharged into homelessness.

Gaps currently exist in the services and supports available to seriously emotionally disturbed (SED) adolescents transitioning out of publicly funded child-serving systems (mental health, child welfare, probation/corrections, education) into adulthood. Within the public mental health system, there are significant differences in the array of services, target populations, and fiscal resources that tend to make the transition more difficult. The CSOC has historically focused upon the "interagency" array of services needed to serve SED youth with multiple agency involvement. Less focus has been placed upon statewide accessibility to appropriate and necessary transition supports.

The Department of Mental Health (DMH) should work with stakeholder groups (such as the California Mental Health Directors Association and its existing committees and workgroups) to study key concerns and opportunities for system improvements. The scope of the study will include a review of the following items:

- ◆ Examination of current literature regarding best practices (i.e. Youth Development, Recovery Models, "Whatever it Takes")
- ◆ Examination of current system supports, service arrays, indicated gaps
- ◆ Examination of existing assessment tools, and protocols for identifying the primary indicators of future homelessness
- ◆ Examination of state and county policies and the potential impacts upon SED youth

- ◆ Research of successful programs and policies in other states or by national technical assistance centers
- ◆ Examination of the possibility of coordinating DMH homeless programs with the DSS Independent Living Program (ILP) for youth aging out of foster care to connect transition-age youth with housing

By June 2003, DMH should produce a summary report of findings and recommendations that includes short- or long-term client-level programmatic and administrative solutions.

RESOURCE CONSIDERATIONS

DMH can complete this process within existing resources.

BACKGROUND

The DMH CSOC initiative (Welfare and Institutions Code, Division 5, Part 4, the Children's Mental Health Services Act) has historically been focused on improving interagency collaborations with the goal of enabling the child to remain at home, make academic progress in school, and stay out of trouble. Recent statutory amendments to the Act expanded the target population to include adolescents in transition from 15 to 21 years of age.

The Adult System of Care (AB 377) and AB 2034 serve a narrower, more disabled population of adults than clients served in children's programs. Until recent legislation and funding allowed for program development for individuals at risk of homelessness, comprehensive community-based mental health programs for adults were limited.

Children's and adult mental health programs have traditionally competed for local funding, and view themselves as distinct programs rather than a seamless system of care.

Transition-age youth fall into two categories of concern. The first is a small group whose eligibility for services presents no barrier because they have SED. This group still qualifies for services but many have difficulty transitioning into non-age appropriate programs within adult services. The second is the larger proportion of youth who lose eligibility for continued care between 18 and 21 due to differences in eligibility requirements. Currently, the best opportunity to make the greatest difference is within the CSOC.

This proposed study will offer immediate assistance to county mental health departments and may lend itself to incorporation into other concurrent studies/actions being undertaken by other state/county entities examining the issue of homeless youth and youth at risk of homelessness.

IMPLEMENTATION TIMEFRAME

This proposal could be implemented in FY 2002-03.

Proposal 2.4: Create a new category of Alcohol and Other Drug (AOD) Program Certification entitled the Homeless Shelter Program.

Submitting Agency: Department of Alcohol and Drug Programs

RECOMMENDATION

Create a new category of Alcohol and Other Drug (AOD) Program Certification entitled the Homeless Shelter Program. This would require the Department of Alcohol and Drug Programs (ADP) to develop and issue a set of certification standards for this category with basic existing standards for outpatient programs as the model.

RESOURCE CONSIDERATIONS

Approval of this proposed concept would mean that staff would need to develop a set of standards, publish them, and amend the current certification process. This would require approximately 60 days of analyst workload. If we estimate that at least one shelter would exist in each county, this would mean an increased workload of approximately one half of a field staff for caseload.

BACKGROUND

Under existing regulations, homeless shelters seeking AOD funding need to be licensed as residential facilities. The cost requirements for the staffing, building, and programming makes this option difficult for most shelters. The only other method of allowing AOD funds to flow directly to the shelter has been for the shelter to close (discharge clients) for 30 minutes to an hour per day, thus making it “non-residential.” ADP has then certified the site as an outpatient program.

Language under the current (voluntary) certification statute (Health and Safety Code §11831.5) allows the director of ADP to develop certification standards for programs. These programs are outpatient in nature. However, the statute does not set parameters for the certification standards. In fact, many licensed programs are certified as a means of demonstrating compliance with program as well as licensing standards.

Approval of this proposed concept would create the first “special interest” certification category, and could open the door to other requests. This concept requires program and legal staff to write a very clear standard regarding why living in a shelter does not represent a “residential” placement or care.

IMPLEMENTATION TIMEFRAME

This proposal can be implemented in a six-month time frame. ADP has an existing workgroup charged with reviewing and updating the current licensing regulations and certification standards. A subcommittee of that workgroup would be formed and augmented with representatives from the Task Force.

The subcommittee would meet three times over a two-month period and provide input to ADP staff for the development of the standards for a new category. Copies of the draft standards would be shared with the homeless provider community and comments solicited. After reviewing the comments, final standards would be issued by the director of ADP.

Proposal 2.5: Modify the Terms and Conditions of both the DCP and CDCI grants to identify participants who are homeless and require each grantee to report quarterly on the number of homeless participants.

Submitting Agency: Department of Alcohol and Drug Programs

RECOMMENDATION

The Department of Alcohol and Drug Programs (ADP) proposes to modify the Terms and Conditions of both the DCP and CDCI grants to identify participants who are homeless and require each grantee to report quarterly on the number of homeless participants. These reports would include the number of homeless participants accepted into the drug court, the number of participants who were previously homeless and secured housing during the quarter, and a narrative regarding the grantee's efforts to appropriately address each participant's housing issues within the drug court.

The Department proposes to work with the Drug Court Systems Executive Steering Committee and the Judicial Council to develop a policy targeting homeless individuals. The Department would pursue a policy to categorize a portion of any new drug court funds to support either Homeless Court planning, implementation and expansion activities or specialized services for homeless participants within other drug courts (i.e. adult, juvenile, dependency, mental health).

RESOURCE CONSIDERATIONS

This proposal could be implemented using existing resources.

BACKGROUND

Drug courts are specialized judicial calendars and courtrooms dedicated to provide judicially monitored substance abuse treatment, drug testing, and other services to drug-involved offenders. ADP provides funding to 47 counties in support of their local drug courts through the CDCI and DCP grant programs. Each grant is bound by a set of Terms and Conditions that define the requirements of ADP and the grantee under the grant.

In November of 2001, the Collaborative Justice Courts Advisory Committee submitted a survey of the collaborative justice courts in California within its report to the Judicial Council. The survey indicated that there are six Homeless Courts in six California counties. Homeless Courts are a recent application of the problem-solving court model. These courts reduce the recidivism of homeless offenders by presenting offenders the opportunity to clear up minor cases and outstanding bench warrants. In exchange for participating successfully in services designed to improve their functioning, these offenders earn a dismissal of their charges. The offenses are usually quality-of-life crime such as sleeping in the park, panhandling, disturbing the peace,

urinating in public, and other misdemeanors. The services offered may include life skills classes, mental health services, substance abuse treatment, vocational rehabilitation, etc.

IMPLEMENTATION TIMEFRAME

Long-term and further study required. Revising and reissuing grant Terms and Conditions to include reporting on drug court participants who are homeless is a long-term project (within a year). ADP would enter into discussions with its primary partners and then draft revised grant terms and conditions. The Department would gather comments from the Judicial Council and the County Alcohol and Drug Program Administrators Association. The Department would then disseminate new terms and conditions upon issuing the next DCP and CDCI Notices of Grant Award. The collaborative process of revising Terms and Conditions is anticipated to take months to complete and the Notices of Grant Award are issued annually in May, July, and December.

Collaborating with the Judicial Council and the ESC to develop a policy categorizing a portion of any new drug court funds to support either Homeless Courts or homeless participants within other drug courts would require further study by ADP and its stakeholders. The Department and Judicial Council will convene an ESC meeting this summer to provide recommendations on policy guidelines. The collaborative policy development process can become protracted at any point.

Proposal 2.6: Establish the Veterans Homes Division Homelessness Task Force within the Department of Veterans Affairs.

Submitting Agency: Department of Veterans Affairs

RECOMMENDATION

Establish the Veterans Homes Division Homelessness Task Force within the Department of Veterans Affairs to examine what role the Veterans Home of California (Yountville, Barstow, and Chula Vista campuses) should play in combating homelessness among veterans.

RESOURCE CONSIDERATIONS

The new task force could be convened within existing resources. If the task force determined that the Veterans Home should play a role in assisting homeless veterans, new resources would be required. No funding is currently provided for homeless veteran programs and services at the Veterans Home of California.

BACKGROUND

A lengthy series of reports and initiatives have encouraged more action aimed at California's homeless veterans. Any new mission regarding homelessness would be outside the Veterans Homes Division's traditional model of permanent residential care for aged and disabled veterans.

The Veterans Homes Division Homelessness Task Force would determine if the Veterans Homes Division should play a role within CDVA's and the state's homelessness programs and, if so, what the division's role should be. Sufficient interest and research is available to begin defining a possible new mission for the Veterans Homes Division. In partnership with CDVA's Veteran Services Division, the task force report could answer, though not be limited to, the following:

1. What services should/could the Veterans Homes Division provide?
 - Should the division provide initial front-end work (substance abuse treatment, life-skills training, etc.)
 - Should the division provide back-end job skills training?
 - Is there a place for these kinds of services within the Homes' continuum of care?
2. What are the demographics and locations of potentially eligible veterans?
 - How many veterans need these types of services?
 - Would the division be duplicating efforts of other state and federal agencies?

- How do these veterans now receive services?
- 3. Are there larger community concerns about this kind of program?
 - Are there concerns of the current residents of the homes?
 - What levels of broader community support can be expected?
- 4. What are the short-term and long-term budget implications?
 - What would be the staffing and support needs of the clinical programs?
 - Are funding sources available for this type of care that could augment traditional CDVA funding?
- 5. Does the division have or can the division develop the expertise to be successful in a homelessness mission?
 - Is this issue so intractable that the division would set itself up for failure?
 - Is this type of service outside the division's mission?
 - What is the impact on California's homeless veterans of not providing any program?

The task force membership could include, but not be limited to:

1. CDVA Deputy Secretary for Veterans Homes (chair)
2. CDVA Veterans Homes Division executive officer
3. CDVA Veteran Services Division chief
4. CDVA Homeless Veterans Advocate
5. California Community Colleges representative
6. Department of Education representative
7. Department of Mental Health representative
8. Employment Development Department representative
9. United States Department of Veterans Affairs representative
10. Interested non-governmental organization representatives
11. Subject-matter experts

IMPLEMENTATION TIMEFRAME

The new task force would need approximately six months to produce a report.

Proposal 2.7: Utilize existing network of homeless services organizations to do outreach and education with organizations/providers to gather input regarding improving access to clinical care for homeless populations and preventing TB transmission in homeless individuals.

Submitting Agency: Department of Health Services

RECOMMENDATION

Utilize existing network of homeless services organizations to do outreach and education with organizations/providers to gather their input from a needs and feasibility perspective regarding:

- ◆ Improving access to clinical care for homeless populations
 - Develop a guideline for screening and treatment of homeless individuals that would be consistent with the needs of and resources available to the homeless community. Work toward integration of tuberculosis (TB) services with homeless services at the state and local levels.
- ◆ Preventing TB transmission in homeless individuals
 - Topics would include the feasibility of implementing administrative and engineering controls and the potential for collaboration between service providers and local health departments, including needs related to staffing, training, screening, treatment for latent TB infection (LTBI) and TB, and models for integrating services for the homeless.

RESOURCE CONSIDERATIONS

New funding would be needed to develop screening guidelines and contracts with community-based organizations (CBOs) to address these issues more effectively, thus creating partnerships between the state, local health departments, and other entities that have additional expertise. Funding would be needed for two parts:

1. Assessment and the development of guidelines for screening, engineering controls, and treatment of TB infection.
2. Addressing the needs identified in the assessment and guideline development.

BACKGROUND

Homeless persons have disproportionate rates of TB infection and disease, as well as higher rates of TB mortality. In 2000, 6.9 percent of all reported TB cases were in homeless persons. This is a much higher percentage than for most other groups with reported risk factors. The existing housing programs provided for TB patients by local health departments (LHDs) are for

persons suspected of or having been diagnosed with TB. These services do not address the large reservoir of TB-infected individuals who could be treated. Current funding for California TB services is sufficient only to address TB disease, cases, and suspects, and not sufficient to address screening and treatment for TB infection.

Since 1997, the current housing program, in conjunction with food, incentives, and enablers for TB suspects and cases, has been effective in helping homeless patients complete therapy. The program needs to be expanded to address screening and treatment of homeless persons with TB infection. These additional services would contribute to the prevention of homelessness by preventing TB debilitation and enabling persons to accomplish stabilization activities that alleviate homelessness, including job training, employment, and life management activities.

Recently, an outbreak of TB among the homeless population in Sacramento County resulted in 12 TB cases and over 800 individuals identified as being exposed. The outbreak containment efforts of the Tuberculosis Control Branch and the local TB control program illustrate the ongoing challenges and need for a more proactive approach in this population. Findings from this outbreak include:

- ◆ Gaps in homeless shelter screening of high-risk populations resulted in ongoing TB transmission
- ◆ Challenges homeless persons have in accessing timely clinical care resulted in delays in diagnosis and prolonged infectious period
- ◆ Lack of education about TB among homeless service providers
- ◆ Poor ventilation and environmental controls in homeless shelters
- ◆ Lack of expertise and guidelines to ensure infection control measures are in place to prevent transmission in homeless institutions
- ◆ Contact investigations are resource-intensive for both the local health department and shelter operators

Persons diagnosed with TB disease who initiate treatment do not typically require isolation or removal from the home or housing locale for the duration of the treatment. The period of infectiousness is normally during the initial two weeks of treatment. For the few persons determined as needing to be removed, an expansion of the current TB housing program would be necessary.

At this time there is no statewide policy for TB screening at the time of admission to a shelter. LHD TB control programs lack staff and resources to collaborate with homeless institutions on developing such policy or inspecting shelters for air-quality concerns. Ventilation engineering expertise is needed.

Both LHD TB control programs and shelters have limited accessibility and availability of services for evaluating TB infected individuals and providing treatment for latent TB infection, because current funding is not sufficient to address TB screening and treatment for TB infection among California's homeless population. In addition, shelter operators lack medical staff to provide treatment.

IMPLEMENTATION TIMEFRAME

Completing the assessment and developing the guidelines would require one year. Addressing the needs identified in the assessment and development of guidelines would require an ongoing effort.

Proposal 2.8: Expand state support of collaborative planning activities for the development of integrated housing assistance and service delivery and maximization of available resources.

Submitting Agency: Department of Health Services

RECOMMENDATION

Expand state support of collaborative planning activities for the development of integrated housing assistance and service delivery and maximization of available resources. Possible partner departments in this effort include the departments of Housing and Community Development, Alcohol and Drug Programs, Mental Health, Social Services, and Corrections.

RESOURCE CONSIDERATIONS

No fiscal impact to current Department of Health Services programs. Facilitation and technical assistance has been incorporated into existing staff assignments. Expansion of this concept to other departments, in terms of support and technical assistance, could have a fiscal impact on those departments. Melding existing planning functions or requirements into an integrated process could have a fiscal impact in terms of staff resources and training/technical assistance. Further analysis is required.

BACKGROUND

Persons who are homeless or at risk of homelessness have, in many cases, a myriad of other life issues such as substance abuse, tuberculosis, HIV and/or HCV, mental illness, lack of job skills and education, etc. The process for linking housing with service agencies in the development of service delivery strategies for these populations is key to maximizing resources as well as addressing these problems and issues in a comprehensive and client-centered manner.

Various local agencies administering housing, care, and supportive services, though addressing the needs of many of the same clients and populations, typically do not interact to coordinate services or service delivery planning to the extent possible. This is due to a variety of issues, including varying funding streams and requirements, lack of time or resources to adequately collaborate, tension around competition for funding, not speaking the same acronym language (housing vs. health), etc.

The Office of AIDS (OA) within DHS is the state grantee for the Ryan White CARE Act (Title II) Care Services Program and the Housing Opportunities for Persons with AIDS (HOPWA) program. Local planning has long been a component of these programs and revisions currently being implemented will strengthen and enhance comprehensive service delivery planning.

Local planning processes are being revised to minimally require participation of the following representatives in the development of comprehensive HIV housing and service delivery:

- ◆ Clients (HIV/AIDS)
- ◆ County health departments
- ◆ HIV/AIDS service agencies
- ◆ County housing agencies
- ◆ Housing providers
- ◆ Mental health agencies
- ◆ Substance abuse/county AOD office
- ◆ Homeless shelters
- ◆ Food banks and meal delivery agencies
- ◆ Hospitals
- ◆ Community, migrant and Indian clinics
- ◆ State HIV programs for care, treatment and prevention
- ◆ Agencies addressing the needs of the post-incarcerated

These planning groups will determine needs and address housing and support service delivery integration issues. Planning activities that integrate service delivery with housing would result in client-centered services and a reduction in duplication of assistance, and would support fiscally prudent use of scarce resources. Additionally, these planning groups could help to attract federal housing dollars to their region through participation in other planning efforts, such as the HUD-sponsored Continuum of Care planning efforts. Balancing HUD funding with services provided by other agencies will improve leveraging scores when applying for funds through HUD's Continuum of Care competition.

The Office of AIDS' role in this process would support and facilitate local planning efforts as follows:

- ◆ Support and guidance in the creation of linkages among agencies through education, technical assistance, and facilitation. The state's assistance in facilitating partnerships and creation of a shared vision for comprehensive client-centered service delivery could help reduce the tension that sometimes exists among agencies that vie for the same resources.

- ◆ The HOPWA and Care Services Program application processes would be revised to reduce the administrative burden of local contracting and subcontracting agencies through the melding of both programs into one application process.

Other departments may want to review their requirements for local planning and determine if their processes and requirements could be expanded to promote the integration of services and homeless assistance.

IMPLEMENTATION TIMEFRAME

Implement the proposal immediately within the HOPWA and Care Services Programs. Make a long-term commitment to provision of technical assistance and support to local planning groups. Participation in local planning activities by other department would be a long-term activity.

Proposal 2.9: Direct the Rural Health Policy Council to devote public meeting time to the issue of rural homelessness.

Submitting Agency: Department of Health Services

RECOMMENDATION

The bulk of the public testimony received in the Task Force process has focused on urban areas where the number of homeless persons is higher and efforts to serve them are more organized. Rural areas encompass 13 percent of California's population but 80 percent of the geography. Solutions designed for urban areas may not apply in a rural setting.

The existing California Rural Health Policy Council holds public meetings around the state that have as a major component the opportunity for testimony and/or questions from participants. The Department of Health Services (DHS) proposes that the Rural Health Policy Council carve out time from one or more of their public meetings to hear testimony from rural providers, governments, community-based organizations, businesses, associations, and residents on the causes of homelessness in their areas and distinct ways in which the state can incorporate homelessness prevention into existing state programs, including the use of an assessment tool; integrating services for homeless populations; expanding the number of permanent and transitional housing units and linking supportive services in rural areas.

RESOURCE CONSIDERATIONS

The Rural Health Policy Council is required to hold four public meetings annually, so the cost of the homeless-focused meetings would be absorbed into their process. However, travel costs for Task Force members would be additional. Staff time would be necessary to summarize public meeting comments and suggestions.

BACKGROUND

Members of California's Rural Health Policy Council include the directors of the Department of Alcohol and Drug Programs, the Emergency Medical Services Authority; the Department of Health Services; the Department of Mental Health; the Office of Statewide Health Planning and Development, and the Managed Risk Medical Insurance Board, with oversight from the Health and Human Services Agency. The membership of the Council has a natural overlap with the Interagency Task Force on Homelessness, and Task Force members not already on the Council would be invited to participate.

The mission of the California Rural Health Policy Council is to "formulate and establish rural health policy for the State of California, to provide a focal point for discussion of rural health policy issues within the California Health and Human Services Agency, to receive suggestions

and recommendations from rural health constituencies, and to improve services provided to rural health providers. The Council promotes and supports collaboration, communication, and networking among State agencies, rural constituency organizations and rural providers.” The Rural Health Policy Council is a natural partner for the Task Force.

IMPLEMENTATION TIMEFRAME

Anywhere from six to nine months, dependent on when the Council has scheduled their meetings.

Proposal 2.10: Utilize the housing-specific civil service classification “Housing and Community Development Representative/Specialist” within state departments and agencies administering homeless programs.

Submitting Agency: Department of Health Services

RECOMMENDATION

Utilize the housing-specific civil service classification “Housing and Community Development Representative/Specialist” (HCDR) within state departments and agencies administering homeless programs.

RESOURCE CONSIDERATIONS

The HCDR classification is established at a salary level 5 percent higher than the Associate Governmental Program Analyst classification, which would create a slight fiscal impact if a department chose to reclassify an existing position.

BACKGROUND

In 1992, the Office of AIDS (OA) within the Department of Health Services (DHS) began administering the Housing Opportunities for Persons with AIDS (HOPWA) program. HOPWA is a HUD-funded housing program for persons with HIV/AIDS who are homeless or at risk of homelessness. HOPWA also provides supportive services to eligible persons to help them maintain residence in their homes.

OA and the Department of Housing and Community Development (HCD) worked collaboratively to establish, using the HCDR classification, a Housing Specialist position at OA to coordinate the HOPWA program and provide expertise in the development of affordable housing programs and projects. This has proven a successful approach to providing expertise in the development of comprehensive housing strategies for addressing HIV homelessness issues. The Housing Specialist, as an expert in affordable housing programs, was also closely associated with the HIV care/treatment services provided through other OA programs. The gap between the health and housing community was bridged through the expertise brought by the Housing Specialist through technical assistance and community building.

Feedback from local HIV service agencies indicates an appreciation of the expertise the OA provides in the development of HIV housing programs and projects. OA’s Housing Specialist “speaks the language” of the housing providers while understanding the HIV service provision arena. This expanded expertise has helped bridge the gap between the health and housing agencies and has resulted in comprehensive, service-enriched housing programs and projects for persons with HIV/AIDS who are homeless or at risk of homelessness.

A wider use of the HCDR classification across state departments would create promotional opportunities. This would generate a higher interest in this classification, thereby assisting in recruitment activities for this highly technical classification.

IMPLEMENTATION TIMEFRAME

Timeframe is dependent upon the availability of positions within departments, availability of an existing HCDR list, etc.

Proposal 2.11: Require the proposed Council on Homelessness to collaborate with the Department of Education to provide technical assistance to local education agencies on the resources available to homeless families or families at risk of becoming homeless.

Submitting Agency: Office of the Secretary for Education

RECOMMENDATION

New federal law requires all local education agencies (LEAs) in California to expand the availability of homeless services in an effort to improve the performance of homeless children. The federal Department of Education estimates that there are 294,000 California children in need of homeless services.

LEAs will now be required to meet an array of requirements, including identifying a staff person responsible for implementing the requirements. Many LEAs have little or no experience in providing services to homeless students and may have only a partial understanding of the services available at the local level.

This proposal would require the Council on Homelessness to work with the California Department of Education (CDE) and LEAs to integrate the activities required under the federal law with existing government and non-government services. Rather than have school districts attempt to identify the services in the community, the Council would provide technical assistance and coordination so that LEAs could more quickly get services to students.

The federal law permits Title 1 funds to be used for certain activities consistent with improving student performance. These funds can be used to compliment existing programs but are not required to do so. The Council should identify ways to utilize Title 1 funds with existing programs in order to maximize resources and publish best practices for use of Title 1 funds for these activities.

RESOURCE CONSIDERATIONS

This proposal could likely be implemented with existing resources.

BACKGROUND

The federal McKinney-Vento Homeless Assistance Act has been reauthorized to require every local education agency to designate an appropriate staff person as a liaison for students in homeless situations. The federal No Child Left Behind Act of 2001 provides additional requirements as it relates to the education of homeless children and youth. State coordinators and LEAs must inform school personnel, service providers, and advocates who work with families in homeless situations of the duties of the liaison.

Liaisons must ensure that:

- ◆ Children and youth in homeless situations are identified by school personnel and through coordination activities with other entities and agencies
- ◆ Children and youth enroll in, and have full and equal opportunity to succeed in, the schools of the LEA
- ◆ Families, children, and youth receive educational services for which they are eligible, including Head Start, Even Start, and pre-school programs administered by the LEA, and referrals to health, mental health, dental, and other appropriate services
- ◆ Parents or guardians are informed of educational and related opportunities available to their children, and are provided with meaningful opportunities to participate in the education of their children
- ◆ Public notice of the educational rights of students in homeless situations is disseminated where children and youth receive services under the Act (such as schools, family shelters, and soup kitchens)
- ◆ Enrollment disputes are mediated in accordance with the Enrollment Disputes section
- ◆ Parents and guardians, and unaccompanied youth, are fully informed of all transportation services, including to the school of origin, and are assisted in accessing transportation services
- ◆ Collaboration and coordination takes place with state coordinators and community and school personnel responsible for the provision of education and related services to children and youth in homeless situations

In addition to the requirement of a liaison at every school, the McKinney-Vento Act requires LEAs to follow specified guidelines for serving homeless youth and their families. These guidelines include:

- ◆ **Academic Achievement:** It is the policy of Congress that students in homeless situations should have access to education and other services they need to ensure that they have an opportunity to meet the same challenging state academic achievement standards to which all students are held.
- ◆ **School Selection:** LEAs must, to the extent feasible, keep students in homeless situations in their school of origin (defined as the school attended when permanently housed, or the school in which they were last enrolled), unless it is against the parent or guardian's wishes.

- ◆ **Enrollment:** LEAs must immediately enroll students in homeless situations, even if they do not have required documents, such as school records, medical records, proof of residency, or other documents. Students can stay in their school of origin the entire time they are homeless, and until the end of any academic year in which they move into permanent housing.
- ◆ **Transportation:** At a parent or guardian's request, homeless students must be provided with transportation to and from their school of origin.
- ◆ **Segregation:** It is the policy of the Congress that homelessness alone is not sufficient reason to separate students from the mainstream school environment. States that receive McKinney-Vento Act assistance are prohibited from segregating homeless students in separate schools, separate programs within schools, or separate settings within schools, except under specified circumstances.

Further, The McKinney-Vento Act has developed a broad definition of homeless children and youth. The McKinney-Vento Act defines a homeless child or youth as an individual who lacks a fixed, regular, and adequate nighttime residence. This definition also include children and youth who are living with a friend, relative, or someone else because they or their family lost their home or are unable to afford housing; children and youth who are staying in a motel or hotel due to lack of adequate alternative accommodations; children and youth who are living in an emergency or transitional shelter or a domestic violence shelter; and children and youth in a variety of other situations.

Districts allocate Title I funds to schools based on numbers of low-income students according to free/reduced price meals and/or CalWorks. Title I funds can be used for a variety of activities including:

- ◆ **School-wide Programs:** A school can implement a school-wide program and use its Title I, Part A funds coupled with other federal education funds to upgrade the school's entire educational program. All schools with 50 percent poverty can become school-wide programs and are accorded expanded flexibility and support. In implementing a school-wide program, a school must still meet the needs of specific student groups, such as disadvantaged youth, students at risk of dropping out, and American Indians, while integrating specialized programs.
- ◆ **Targeted Assistance:** Targeted assistance services are provided to a select group of children—those identified as failing, or most at risk of failing, to meet State Board of Education standards. The goal of a targeted assistance school is the same as a school-wide program—to improve teaching and learning to enable students to meet the State Board of Education standards. According to the U.S. Department of

Education, a targeted assistance program must be based on effective means for improving achievement of participating children, have the support of the regular education program, provide instruction by highly qualified and trained professional staff, and implement strategies to increase parental involvement.

- ◆ **Eligibility:** Title I funds must provide services to eligible children identified as having the greatest need for special assistance. Eligible children who are economically disadvantaged, children with disabilities, migrant children, and limited English proficient (LEP) children are eligible for services.

Title I resources include:

- ◆ The Even Start Family Literacy Program, which addresses the basic educational needs of parents and children up to age eight from low-income families by providing a unified program of adult basic or secondary education and literacy programs for parents; assistance for parents to effectively promote their children's educational development; early childhood education for children; linkages between schools and communities; and improved collaboration (partnerships) in the application and implementation process.
- ◆ The Neglected or Delinquent Program, which is intended to improve educational services to children and youth in local and state institutions so that they have the opportunity to meet the same challenging state content and student performance standards that all children in the state are expected to meet; prevent at-risk youth from dropping out of school; and provide dropouts and youth returning from institutions with a support system to ensure their continued education.

IMPLEMENTATION TIMEFRAME

Implementation of this proposal could begin immediately upon formation of the Council on Homelessness.

Proposal 3.1: Identify the major barriers, issues, and needs impacting alcohol and other drug (AOD) clients who are homeless.

Submitting Agency: Department of Alcohol and Drug Programs

RECOMMENDATION

To identify the major barriers, issues, and needs impacting alcohol and other drug (AOD) clients who are homeless, the Department of Alcohol and Drug Programs (ADP) proposes to:

1. Work with the County Alcohol and Drug Program Administrators Association of California (CADPAAC) to identify the major barriers and issues affecting the AOD homeless population; develop promising practices for homeless persons with AOD problems; identify and prioritize statewide technical assistance and training needs; and identify resources available for alternative funding to address homeless needs.
2. Apply to the Center for Substance Abuse Treatment (CSAT) for grants and other funding to provide statewide technical assistance and training to counties.
3. Measure effectiveness of the technical assistance and training to local entities.

RESOURCE CONSIDERATIONS

This proposal would have no direct impact on ADP. One .5 full-time equivalent (FTE) Associate Governmental Program Analyst would be needed to complete tasks involved with the initiative.

BACKGROUND

The Department of Housing and Community Development estimates that there are more than 360,000 homeless persons within the State of California. These are individuals with physical health problems, mental health, and AOD problems. It is estimated that 70 percent of the homeless will experience an AOD problem in their lifetime, and AOD problems can be exacerbated once a person become homeless. Housing is a vital component for patients to engage and remain in treatment.

Due to the limited number of AOD transitional living, sober living, and residential facilities, a large proportion of the clients we serve are homeless. In addition, homeless youth are a special target population. Street youth have high rates of drug abuse and underscore the critical need for intervention and treatment services for runaway and homeless youth.

IMPLEMENTATION TIMEFRAME

Long-term.

Proposal 3.2: Ensure that services through the federal Safe and Drug-Free Schools and Communities (SFDSC) program be provided to at-risk and currently homeless youth, including those in need of mental health services

Submitting Agency: Department of Alcohol and Drug Programs

RECOMMENDATION

Effective July 1, 2002, the federally reauthorized Safe and Drug-Free Schools and Communities (SFDSC) program is designed to support alcohol and other drug prevention services to youth not normally served by local schools. Special consideration is to be directed to the mental health needs of youth as they relate to drug and violence prevention. Included within this target population are youth who are at-risk of or who are currently experiencing homelessness. ADP is currently planning the implementation of the reauthorized SDFSC program in conjunction with the State Department of Education. Consistent with the purposes of HR 1, ADP should emphasize that services be provided to at-risk and currently homeless youth, including those in need of mental health services.

RESOURCE CONSIDERATIONS

Funding is currently provided to California under a federal grant from the U.S. Department of Education.

BACKGROUND

President Bush's "No Child Left Behind" education reform act includes the reauthorization of the SDFSC program. The reauthorized act requires the Governor to give "special consideration" in the awarding of funds to grantees who pursue a comprehensive approach to drug and violence prevention that includes providing and incorporating mental health services related to drug and violence prevention in their programs. A portion of the funds administered by ADP on behalf of the Governor is directed to county AOD offices to develop youth prevention program services based upon locally prioritized needs. The remainder of the grant funds are retained by ADP for program development, training and technical assistance. In planning for the use of the SDFSC funds consistent with the requirements of HR 1, ADP can emphasize that services be provided to at-risk and currently homeless youth, including those in need of mental health services. Programs must then be planned and implemented in cooperation with local education agencies, both public and private. Participation by representatives of the local mental health service system could be included as a funding requirement by ADP.

IMPLEMENTATION TIMEFRAME

Immediate.

Proposal 3.3: Incorporate homeless service delivery models into existing Department of Alcohol and Drug Program (ADP) funded training and technical assistance contracts, and expand the services of the ADP Resource Center to include published research relating to homelessness and AOD problems.

Submitting Agency: Department of Alcohol and Drug Programs

RECOMMENDATION

1. Incorporate homeless service delivery models into existing Department of Alcohol and Drug Programs (ADP) funded training and technical assistance (TA) contracts. Focus would be on TA/training services to local public and private agencies for the purpose of improving alcohol and other drug (AOD) related planning and program support. Emphasis would be directed at improving services for families and individuals who are currently or at risk of becoming homeless
2. Expand the services of the ADP Resource Center library and information clearinghouse to include published research and reports relating to homelessness and AOD problems. Resource Center services would be available to all Californians without cost.

RESOURCE CONSIDERATIONS

Services can be incorporated into existing TA/training contracts and Resource Center functions.

BACKGROUND

Existing training and technical assistance contract services include "Prevention Technical Assistance," "Career Oriented Mentoring," and the "Technical Assistance – Prevention Outcome Measures." These no-cost TA/training services are available statewide to public and private agencies and community organizations serving persons with AOD needs. The scope of work for each of these contracts can be modified to include the provision of best practices in the areas of services planning, coordination, and delivery, as an individual service organization and/or as part of an integrated local program. This can serve as the core of an ADP TA/training initiative to comprehensively address homelessness issues as they related to AOD.

The ADP Resource Center is specifically designed to secure and disseminate research and program information on AOD issues. The scope of services can be expanded to include available materials on the interrelationship of homelessness and AOD.

IMPLEMENTATION TIMEFRAME

Immediate.

Proposal 3.4: Create the Veteran Parolee Transitional Support Program

Submitting Agency: Department of Veterans Affairs

RECOMMENDATION

Create the Veteran Parolee Transitional Support Program. This program would require the Department of Corrections' Parole and Community Services Division to refer veteran inmates prior to their parole directly to homeless veteran service providers in California. The program would consist of a 90-day residential intensive case management model designed to assist veteran parolees in moving from unemployment to self-sufficiency.

RESOURCE CONSIDERATIONS

Implementation of this concept would significantly increase the budget of the Department of Corrections' Parole and Community Services Division. Additionally, homeless veteran service providers would need funding from the state or from the private or philanthropic sectors to implement this new program. Certain U.S. Department of Veterans Affairs (VA) funds may be applicable to this program.

Per diem costs to run such a program are approximately one-third the cost of keeping a person incarcerated. If the demonstration program reduces the recidivism rate of parolees, the cost savings to the state could be significant.

BACKGROUND

Outreach efforts by United States Veterans Initiative, Inc. (US VETS) have found more and more veterans who are ex-offenders and have no information on how to access support program when they are released from prison. When re-entering society, veteran parolees face multiple barriers—emotional, economic, and societal—and a comprehensive program designed to help them reintegrate is much needed. The California Department of Veterans Affairs (CDVA) believes an enhanced version of US VETS' Veterans in Progress (VIP) Program, focused specifically on ex-offenders, could result in a greatly reduced recidivism rate.

US VETS' VIP Program, operated at Westside Residence Hall in Inglewood and at the Villages at Cabrillo in Long Beach, is a 90-day residential intensive case management model designed to assist homeless veterans in moving from unemployment to self-sufficiency. This program offers a wide range of services, including substance abuse and awareness groups; financial management classes; impulse control, anger management, and life skills counseling; and regular motivation and information-sharing meetings. After helping the veterans prepare for job search, the program requires a minimum of five daily job contacts. Job searching is coordinated

through US VETS' Career Center, which includes job training and job counseling through US VETS' Workforce Development Program. Education needs are supplied through US VETS' Learning Center and/or coordination with local community colleges in the Los Angeles County area.

The VIP Program is designed to alleviate the barriers that have prevented clients from obtaining and maintaining employment and gives them the tools to become self-sufficient. US VETS' success rate in finding full-time jobs for veterans going through the Veterans in Progress Program is about 83 percent. If ex-offenders are given the time, a stable living environment, clinical support, and employment assistance, they will have a greatly increased chance of staying out of prison and remaining self-sufficient.

CDVA proposes to design a demonstration program for ex-offenders that would use this model and enhance the program by adding counseling elements (through US VETS' partnership with United States Department of Veterans Affairs medical centers) to address the issues veterans have as a result of their past history and incarceration.

The demonstration program would fund parolees' stay in such a program for 90-120 days. Once they have gained employment and completed the counseling component, they could move to more permanent transitional housing at the same facility, or transition out into the community. US VETS and other community-based homeless veteran service providers would then track them over at least a two-year period.

The program should be coupled with pre-release services while still in prison, which will include referrals to community-based veterans transitional programs. The pre-release program would include education, substance abuse groups, and components on violence and anger management. A new VA program in Lynwood already has the beginnings of such a pre-release program. The transitional programs would include the components described above in the Veterans in Progress Program. This program is one of several in California that include this range of services.

There is little data for such a demonstration program, which is why a follow-up evaluation component would be invaluable not only to the state, but to similar programs nationwide. Anecdotal evidence indicates that veterans comprise about 20 percent of the inmate population, so an effective program for these inmates would address a major segment of the population and serve as a model for the non-veteran population as well. One study done in New York in 1993 showed that after six months in a pre-release program containing many of the elements described above, coupled with referrals to community-based transitional housing programs, the recidivism rate dropped more than 75 percent. They are now designing a more comprehensive study.

To evaluate such a program would require the cooperation of both the Department of Corrections and the parole officers who would see the parolees on a monthly basis and are in an ideal position to gather follow-up data.

IMPLEMENTATION TIMEFRAME

Long-term.

Proposal 3.5: Expand and/or increase the number of foster youth pilot programs offered through the Employment Development Department.

Submitting Agency: Employment Development Department

RECOMMENDATION

Expand and/or increase the number of foster youth pilot programs offered through the Employment Development Department (EDD). These programs are a valuable tool in preventing homelessness for one of the State's most at-risk populations.

RESOURCE CONSIDERATIONS

The ability to expand and/or increase the number of pilot programs is dependent on funding. For reference, 2001-2002 funding is:

- ◆ San Pasqual SFY 2001-2002 - \$74,621
- ◆ Great Start SFY 2001-2002 - \$102,923

One possible funding source for implementing this concept includes the Governor's 15% discretionary funds provided by the Workforce Investment Act. EDD is exploring other potential funding sources.

BACKGROUND

EDD is currently implementing two pilot programs that target foster youth: the Academy Employment Preparation, Placement and Retention Project (AKA: Foster Teen Career Readiness) and the EDD/Sacramento Great Start Emancipation Collaborative (formerly Casey Foundation). These programs are described in detail below.

Academy Employment Preparation, Placement and Retention Project (AKA: Foster Teen Career Readiness)

EDD's Southern Job Service Division entered into an innovative partnership with the San Pasqual Academy in July 2001 to prepare, place, and retain foster youth in employment.

The San Pasqual Academy is a public/private partnership that provides an alternative model for youth in foster care. At capacity, the Academy will house 250 young people in an open residential/education campus that focuses on stability, education, low-level treatment, and preparation for emancipation.

Located on-site and in partnership with the Escondido One-Stop, EDD is providing one staff person to assist the Academy in achieving two of their stated goals:

1. Preparation for emancipation into adulthood, with continuing support after age 18
2. Readiness and assistance for college and/or employment.

Specifically, EDD is providing the following services for foster youth at the Academy:

- ◆ Work preparation training
- ◆ Labor market information
- ◆ Mentoring
- ◆ Post-foster care case management services
- ◆ Supportive services
- ◆ Career exploration and placement
- ◆ Access to CalJOBS and the wide open web (WOW)
- ◆ An Experience Unlimited (EU) type model for youth who transition from foster care
- ◆ Direct placement as youth assistants with EDD or other state agencies, or as Youth Employment Opportunity Program (YEOP) participants
- ◆ Access to expanded services through the One-Stop Career Center Network

The Foster Teen Career Readiness project melds the best practices from successful EDD programs into a unique model best suited to provide services to the foster teen. Consistent with the "Jobs For All" program that the department has implemented successfully in various locations across the state, EDD will focus on intensive one-on-one assistance, with particular emphasis on supportive services and long-term follow-up with the foster teens.

EDD/Sacramento Great Start Emancipation Collaborative (formerly Casey Foundation)

There are approximately 5,500 foster youth in Sacramento County, and approximately 350 will "age out" of the foster care system each year. That number is expected to increase over the next ten years. Still teenagers, more than half of those in foster care will leave the system alone, without family or other positive role models to help them as they transition into adulthood. National follow-up studies show that within 12 to 18 months of leaving the foster care system, youth without support and guidance fare as follows:

- ◆ 40% will suffer serious physical victimization, including sexual assault
- ◆ 30% will be homeless
- ◆ 33% will be forced to rely on public assistance

In early December 2001, EDD's Northern Job Service Division met with representatives of the Sacramento Great Start Emancipation Collaborative. The Collaborative was formed in 2001 and focuses on assisting foster youth to find employment and other social service support. The Collaborative includes the following partners:

- ◆ Sacramento County Department of Human Assistance
- ◆ Department of Health and Human Services (DHHS)
- ◆ Independent Living Program
- ◆ Sacramento Employment and Training Agency
- ◆ Sacramento Housing & Redevelopment Agency
- ◆ Casey Family Programs
- ◆ Community-based organizations

These partners have earmarked resources totaling over \$1.4 million for housing, employment, social services, case management, education services and other critical support, such as life skills and legal consultation and funding "emergency" expenses. In addition, DHHS' Mental Health and Alcohol & Drugs Services have been made available to emancipating youth who become residents in Collaborative-sponsored transitional and permanent housing programs. In December 2001, Volunteers of America (VOA) became the newest partner. VOA implemented the transitional housing program and related services.

EDD has partnered with the Collaborative to provide "real work" experiences in an adult employment environment to emancipated foster care youth that have graduated from high school and are attending college (minimum 6 units per semester/quarter). EDD has hired ten former foster care youth as Student Assistants. These youth attend college classes and work 20 hours per week in a Sacramento Job Service Field Office. The Great Start program mirrors the YEOP mentoring program. Each Student Assistant is carrying a moderate caseload while mentoring other foster care youth in work ethic, resume building, and future employment goals. EDD's goal is to work closely with the Collaborative to ensure that these emancipated youth obtain the tools, both through educational and work experiences, to become and remain fully employed and self-sufficient.

IMPLEMENTATION TIMEFRAME

Further study is required before moving forward. The pilot programs are being monitored, but it is too early to determine their effectiveness.

Proposal 3.6: Increase the amount of money targeted to support employment and training programs for veterans with significant barriers.

Submitting Agency: Employment Development Department

RECOMMENDATION

Augment funds for the Veterans Workforce Investment Program (VWIP). The VWIP, sponsored by the U.S. Department of Labor, is designed to help veterans who have service-connected disabilities, served on active duty during a war, were recently separated from service, or have significant barriers to employment by providing training, supportive services, and job access.

RESOURCE CONSIDERATIONS

This proposal is dependent on funding availability. The Governor could designate discretionary funds as provided by the Workforce Investment Act (WIA) to further augment the program.

BACKGROUND

According to the 2000 census, 2.6 million Californians are veterans, and it is anticipated that the veteran population will continue to expand. Omitted from the census data are homeless veterans. Estimates on the number of homeless veterans in California range from 31,000 to 55,000, with an estimated 25,000 in Los Angeles County alone. Many of these homeless veterans suffer from the lingering effects of post traumatic stress disorder, substance abuse, mental and physical disabilities, and the lack of family and societal support systems.

For approximately ten years, the Employment Development Department (EDD) has conducted California's VWIP program. To serve veterans most in need, EDD conducts a subgrant process via a solicitation for proposals. This solicitation is a competitive process for eligible veterans' employment and training providers. The service providers must demonstrate how they will seek out and serve those veterans most in need.

Service providers work with veterans to help them gain sufficient employment skills to be competitive in the local market for high-demand occupations in growing industries. Since 1998, over 7,000 veterans have received job training, counseling, and supportive services with these funds and over 4,000 have been placed in jobs, with an average wage of over \$10.50 per hour.

Due to insufficient funding, areas such as the Sacramento and San Joaquin Valleys have not received grant awards from the VWIP program in the past few years.

IMPLEMENTATION TIMEFRAME

This proposal could be implemented at any time.

Proposal 3.7: Create the Veteran Parolees Benefits Awareness Program.
Submitting Agency: Department of Veterans Affairs

RECOMMENDATION

Create the Veteran Parolees Benefits Awareness Program, requiring the Department of Corrections' Parole and Community Services Division to mail to veteran parolees a variety of brochures, fact sheets, and pamphlets regarding veteran's benefits and statewide veteran service organizations. The California Department of Veterans Affairs' Veteran Services Division would provide the informational, educational, and publicity items to the Department of Corrections' Parole and Community Services Division.

RESOURCE CONSIDERATIONS

Approval of this proposed concept would increase the Department of Corrections' Parole and Community Services Division's workload as well as the division's budget needs for postage and stationery.

BACKGROUND

The State of California provides numerous benefits to eligible veterans. Although these ultimately may not prevent a veteran parolee from becoming homeless, they do provide an ex-offender with aspirations for a better life. Benefits include:

- ◆ Cal-Vet Home Loans, which provide below-market interest rates, low-cost financing, and low-cost insurance protection
- ◆ Access to the California Women Veterans Roster, which connects California women veterans to the various resources and benefits available to them
- ◆ Veterans license plates
- ◆ Residency in the Veterans Home of California, providing care for aged and disabled veterans
- ◆ Special provisions allowing veterans to receive preference in testing for open and open non-promotional entrance examinations with the State of California
- ◆ A full range of employment services through local Employment Development Department (EDD) job service sites

California provides additional benefits to veterans who have service-connected disabilities, as determined by the federal departments of Defense (DOD) or Veterans Affairs (VA), including:

- ◆ A tuition and fee waiver program for eligible children, spouses, and survivors at the California Community Colleges and the California State University and University of California system.
- ◆ Eligibility to become a state-certified Disabled Veterans Business Enterprise (DVBE), eligible for certain competitive considerations in the public contract process
- ◆ Property and vehicle tax exemptions for eligible veterans and survivors
- ◆ Discounts through the departments of Parks and Recreation and Fish and Game

IMPLEMENTATION TIMEFRAME

This proposal could be implemented as soon as the California Department of Veterans Affairs' Veteran Services Division provides the informational, educational, and publicity items to the Department of Corrections' Parole and Community Services Division.

Proposal 3.8: Develop and propose revised state hospital discharge protocols and evaluate options for discharge/placement services and funding to be used to minimize the chances of discharged patients becoming re-hospitalized, incarcerated, or homeless.

Submitting Agency: Department of Mental Health

RECOMMENDATION

Develop and propose revised state hospital discharge protocols and evaluate options for discharge/placement services and funding to be used to minimize the chances of discharged patients becoming re-hospitalized, incarcerated or homeless.

Actions toward implementing this proposal would include:

1. Establishing, with the Department of Motor Vehicles (DMV), procedures for State hospital patients to obtain DMV identification cards within 90 days of hospitalization, preferably on the hospital campus.
2. Developing and proposing hospital discharge procedures to incorporate the use of supplemental transitional services to support patient placements.
3. Analyzing funding requirements and sources necessary to support discharge and placement of patients. Funds would be used to for short-term placement and transition expenses such as immediate housing, food, clothing, and necessary transportation.

These proposals would improve the chances of patients successfully transitioning from intensive state hospital care and supervision to relatively independent community living situations and would limit the risk of their becoming homeless.

RESOURCE CONSIDERATIONS

The first action could be accomplished with existing resources. The second and third actions would identify alternatives for services and funding requirements. Existing state and local programs would provide most services, but some alternatives could require augmentation or redirection of funding. Avoidance of expenditures caused by homelessness of former patients may result in cost offsets.

BACKGROUND

Some patients admitted to State hospitals have no driver's license or DMV identification card. Identification is needed for various business transactions while the patient is in the hospital and is important as the patient's discharge approaches in order to support requests for benefits,

establish accounts, and make arrangements for housing. Because more than 80 percent of state hospital patients are judicially committed, they must be in restraints and escorted by peace officers when leaving the hospitals. This makes application for DMV cards at the local DMV offices difficult for members of the general public and others at the DMV office when patients arrive

Patients at most risk of becoming homeless are those with little or no funds. Transition support funding can be important to successful placement. For example, SSI eligibility takes an average of three to four months to establish for first-time applicants. Patients who are already eligible must go to the SSI office on the day of discharge and their first SSI check will not be issued for at least 30 days. Even if patients have a job upon discharge, it will be 30 days until they receive a paycheck. Transition support funds would be used for necessary expenses incurred prior to discharge or during the transition period. These expenses could include, but are not limited to, first and last month's rent, clothing, food, and transportation. Such funds and policies and procedures for their use will help a high-risk population achieve a stable transition to community placement. If support is not provided for essential resources and services during the transition period, patients may decompensate and require re-hospitalization or become incarcerated or homeless.

IMPLEMENTATION TIMEFRAME

This proposal could be implemented in FY 2002-03; with possible subsequent activities.

Proposal 3.9: Develop discharge-planning models and make them available to counties to assist with inpatient acute discharges.

Submitting Agency: Department of Mental Health

RECOMMENDATION

Without effective discharge planning, individuals admitted to acute hospitals are at risk for entering or re-entering a homeless living situation upon discharge. Stabilization or improvement in one's mental health gained during hospitalization may be jeopardized by discharge to a homeless environment. Discharge planning that includes the ability to make linkages to housing and housing-related supports may prevent discharge to homelessness and thereby help promote recovery and mental health.

Discharge plans provide the opportunity to initiate arrangements, prior to leaving the structured setting, for the integrated array of services necessary to reduce the risk of homelessness. Although individual hospitals and counties may have addressed housing issues in their discharge planning process, no formal models are available on a statewide basis. The Department of Mental Health proposes to develop discharge-planning models and make them available to counties to assist with inpatient acute discharges.

Prior to the development of discharge planning models, a study would be necessary. Questions to be addressed would include:

1. How are hospitals and counties currently developing discharge plans for the homeless population being discharged from inpatient settings? Where are the opportunities to improve without adding unnecessary costs?
2. What information and advice can be gathered from both providers and consumers on the challenges inherent in discharge planning for the homeless population? What barriers exist to achieving consumer "buy-in" or participation in discharge plans?
3. What are the best linkages for hospitals to housing and comprehensive integrated support services and resources available statewide and in each community?
4. What data are available or will need to be collected to assess the potential effectiveness of the initiative in terms of impact on homelessness and impact on overall program cost, and to evaluate the effectiveness of an implemented program?

Once study is completed, DMH would develop discharge-planning models and provide technical assistance and training to counties. Legislative, administrative and budget actions

may become necessary to implement the recommended action, depending on the outcome of the study.

RESOURCE CONSIDERATIONS

DMH can complete this process within existing resources.

BACKGROUND

The primary responsibility for discharge planning rests with hospitals. The effectiveness of their discharge planning processes depends on the individual hospital's efforts to establish community linkages and the capacity of community programs to work with the hospitals.

Over the last several years, there have been legislative proposals to improve the discharge planning processes in hospitals. For the most part, these proposals have not been enacted, and none of the proposals have specifically addressed the issue of homelessness.

County mental health programs are not directly involved in all acute inpatient hospitalizations. Counties would be involved if they arrange for the admission or within 24 hours of the admission of a Medi-Cal beneficiary for acute psychiatric inpatient hospital services. This limitation will need to be considered in the study as part of the determination of cost-effectiveness.

IMPLEMENTATION TIMELINE

Study is required to determine the viability of the initiative and the actions necessary to implement. If legislative and budget actions are required, implementation may be delayed for an extended period.

Proposal 3.10: Enhance county participation in the Supportive Transitional Emancipation Program (STEP).

Submitting Agency: Department of Social Services

RECOMMENDATION

To enhance county participation, decrease the county and increase the state cost sharing ratios for the Supportive Transitional Emancipation Program (STEP), authorized by Assembly Bill 427 (Chapter 125, Statutes of 2001). This county-optional program, effective January 1, 2002, provides for a monthly assistance payment to support emancipated foster youth up to age 21 who are pursuing their career and educational goals described in their STEP Transitional Independent Living Plan (TILP). To date, few counties have elected to participate in STEP, primarily due to the statutory-set county (60 percent) and state (40 percent) cost-sharing ratios. This proposal would require a statutory change in the Welfare and Institutions Code.

RESOURCE CONSIDERATIONS

Although this recommendation would impact the state General Fund, assistance through programs such as STEP will increase the number of foster youth who will avoid the risk of homelessness upon discharge from the child welfare system. Continued intervention through state programs such as STEP and interagency collaboration will aid the state in meeting the challenges of homelessness and increase the self-sufficiency of former foster youth. This could have long-term cost reduction implications to other programs.

BACKGROUND

The Department of Social Services recently conducted a survey of the housing needs of emancipated foster youth (under administrative review at this writing). For the period July 1, 2000 to June 30, 2001, the survey results indicated that approximately 2,843 youth were in need of safe and affordable housing. Currently, various Department of Social Services programs attempt to address this need, including:

- ◆ California's Independent Living Program (ILP). The ILP consists of a curriculum of services, training classes, or activities to promote the development of life skills by youth. ILP includes training on vocational and college preparatory information and assistance in acquiring important documents such as birth certificates, social security cards and medical information. Services are offered to youth at age 16 and may continue up to age 21. Participation by youth is voluntary.
- ◆ Transitional Housing Placement Program (THPP). The THPP allows eligible youth 16 to 18 years of age the opportunity to practice life skills in a supported living environment outside of a family home.

- ◆ Emancipated Youth Stipend (EYS). The EYS is an annual state General Fund allocation of \$3.5 million that allows counties to provide for the “emergency” needs of foster youth. Stipends may be used for rental or utility deposits, transportation, and material costs for employment or attainment of educational goals.

While the above-mentioned programs are an example of what is available to assist foster youth, they are not sufficient to reach the large numbers of youth who are homeless or in danger of homelessness.

The consolidated Omnibus Budget Reconciliation Act of 1985 (P.L. 96-272), which added Section 477 to Title IV-E of the Social Security Act, authorized funds to states to design and implement programs to “assist children with respect to whom foster care maintenance payment are being made by the State” make the transition to adulthood. In 1992, the Omnibus Budget Reconciliation Act of 1993 (P.L. 103-66) permanently reauthorized the ILP. In 1998, SB 933 added subsection (d) to Welfare and Institutions Code §10609.3, which allowed the provision of ILP services to youth up to age 21.

Assembly Bill 427 (Chapter 125, Statutes of 2001) broadened the eligibility requirements for THPP to include 16 year olds and included single-family dwellings and condominiums as permissible housing models. STEP, also implemented under AB 427 authority, is a county optional program effective January 1, 2002. The STEP payment equals the basic foster care rate. The basic rates effective July 1, 2001 for all counties except Orange (\$628) is \$597 per month. The county with payment responsibility is the county of dependency or wardship of the candidate youth. With a move out of county, so long as the youth complies with the plans and goals in his/her STEP TILP, the STEP payment and TILP monitoring continues to be the responsibility of the “sending” county.

IMPLEMENTATION TIMELINE

A sharing ratio change for STEP would require statutory amendment prior to adoption. To accomplish this for FY 2002-03, a Budget Trailer Bill would be required, otherwise adoption of this amendment could be accomplished no sooner than the normal legislative process would permit.

Proposal 3.11: Develop collaborative programs between the Department of Social Services, the Employment Development Department, and the California Workforce Investment Board to meet the job training needs of emancipating foster youth.

Submitting Agency: Department of Social Services

RECOMMENDATION

Approximately 3,500 foster youth “age out” of the foster care system in California each year and must make the transition to self-sufficiency. Many have no work experience or concrete plans for vocational training and are unaware of the variety of apprenticeship programs and other career opportunities available outside the college track. This leads to a lack of economic self-sufficiency and an extremely high risk of becoming homeless.

To target this problem, the Department of Social Services (DSS), the Employment Development Department (EDD), and the California Workforce Investment Board (CWIB) should collaborate on developing programs to help foster youth obtain information regarding education, training, and job search services.

Foster youth have already been identified as a priority group to receive services at California’s One-Stop Centers, but are not necessarily aware of the resource. Every foster youth should, at age 16, be informed of the various employment and training services provided at the One-Stops and encouraged to enroll. This activity should be documented by the social worker in the already required Transitional Independent Living Plan (TILP). The TILP is created jointly by the social worker and the youth and is a required document in the case file.

The ability of foster youth to successfully make the transition to adulthood depends largely on the support and training they receive while in foster care. Providing foster youth assistance in enrolling at the One-Stop Centers and obtaining information regarding employment services and training programs would help former foster youth become economically self-sufficient.

BACKGROUND

While there is limited research data specific to the post-emancipation experiences of foster children in California, studies conducted in other states reveal disturbing trends, such as low job retention and dependence on public assistance. One national study showed that foster youth who received support to attend vocational programs were less likely to become homeless. The U.S. General Accounting Office reported in 1999 that state and local administrators felt they could not provide youth who were leaving foster care with the support needed to make a successful transition to independent adult living. Another study found that three in ten of the nation’s homeless adults are former foster youth.

The federal Workforce Investment Act (WIA), administered in California by CWIB, offers a comprehensive range of workforce development activities through statewide and local organizations. The purpose of these activities is to improve the employment, job retention, earnings, and occupational skills of participants.

Established by the WIA, comprehensive One-Stop Centers provide access to a full range of services pertaining to employment, including training and education, job search help, and guidance for obtaining other assistance. While WIA requires One-Stop Centers to provide specific services, local areas can design programs and provide services that reflect the unique needs of their area. Currently, California is home to approximately 440 One-Stop Centers.

Title I of WIA authorizes services specifically to foster youth as a targeted high-risk group facing barriers to employment. Foster youth are eligible to receive services under WIA as long as they are between the ages of 14 and 21. The program emphasizes attainment of basic skill competencies, enhances opportunities for academic and occupational training, and provides exposure to the job market and employment. Activities may include instruction leading to completion of secondary school, tutoring, internships, job shadowing, work experience, adult mentoring, and comprehensive guidance and counseling.

Required support services include tutoring, study skills training, instruction leading to high school completion (including dropout prevention), alternative school services, adult mentoring, paid and unpaid work experiences (including internships and job shadowing), occupational skills training, leadership development opportunities, follow-up services for not less than 12 months as appropriate, and comprehensive guidance and counseling.

The federal Foster Care Independence Act of 1999 (Title I – Improved Independent Living Program) provided financial support from the federal government to assist state and local governments' Independent Living Programs (ILPs). ILPs provide services to assist foster youth in the successful transition to independence. These programs are most effective when participation begins before high school graduation and continues as needed until emancipation.

IMPLEMENTATION TIMEFRAME

Many of the programs needed to facilitate the implementation of the program already exist. Currently, all foster youth 16 and older are participating in the fully funded Independent Living Program. Included in this process is a mandate to complete a TILP in preparation for independence. An All-County Letter would be sent out promoting the availability of services through the One-Stop Centers and encouraging the collaboration of various agencies. Providers would be included in this collaborative process as they have the primary responsibility for the daily parenting tasks in preparing youth for emancipation.

Proposal 3.12: Expand the Department of Social Services contracts for the Outpatient Substance Abuse Program for Low-Income Women and Their Children to provide a supportive housing subsidy component for women who successfully complete treatment.

Submitting Agency: Department of Social Services

RECOMMENDATION

The Department of Social Services (DSS) currently contracts with eleven residential substance abuse treatment centers to provide outpatient substance abuse services for low-income women. The program is funded at \$2 million a year and provides for services such as case management, outpatient counseling, employment services, and other transitional services, such as short-term clean and sober housing.

The women graduating from outpatient treatment into mainstream society are a vulnerable population. They are challenged with finding safe, clean, affordable housing within their communities, yet face obstacles such as limited income, poor credit history, minimal family support, and lack of low-rent housing. This seriously impairs the ability of these women to obtain housing in this highly competitive arena and puts them and their children at risk for homelessness and drug relapse.

The community-based agencies administering this program try to assist in obtaining long-term housing when the women leave the program. However, seven of the eleven providers have identified housing as a significant barrier and report that between 35 to 100 percent of the women leaving their programs have significant difficulty in obtaining long-term housing. Working with this existing network of service providers to add stable, long-term housing to the services provided while the person is in treatment will allow the client to maintain a positive support network, develop coping skills that will promote sobriety, and hopefully prevent homelessness.

Initially, the treatment providers developed supportive service programs around DSS funding that utilized existing housing programs such as Section 8 for clients graduating from treatment programs. Some providers have discovered that existing community housing resources are not adequate to provide for many of their clients.

To prevent homelessness for this vulnerable high-risk population, DSS proposes to expand the contracts for the Outpatient Substance Abuse Program for Low-Income Women and Their Children to provide a supportive housing subsidy component for women who successfully complete treatment. The intent is for the community-based organizations that are administering this outpatient substance abuse program to implement a housing component by collaborating

directly with other agencies that finance and administer supportive housing programs within their communities.

Administrative action would be required to extend the time period of the current contracts and augment the basic services with funding for discharge planning that includes supportive housing referrals and assistance.

RESOURCE CONSIDERATION

The DSS Outpatient Substance Abuse Program Low-Income Women and Their Children is currently funded through June 30, 2003. To implement this proposal, the base program would need to be continued beyond June, 2003 and augmented to include funding for the supportive housing component proposed. DSS would also continue to collaborate with the Department of Alcohol and Drug Programs on services provided through these contractors.

The California Legislature passed Senate Bill 1227, which enacted the Housing and Emergency Shelter Trust Fund Act of 2002. This act places a \$2.1 billion bond on the November 5, 2002, statewide general election ballot. The bond funds, upon approval of the voters, would be used for various housing programs. This bond measure could be explored as a revenue source to provide supportive housing to the low-income women leaving residential treatment.

BACKGROUND

Currently, \$2 million of the CalWORKs substance abuse funding is set aside to fund the Outpatient Substance Abuse Program for Low-Income Women each fiscal year through June 30, 2003. DSS implemented this program to address a recognized need for strategies that provide alternative service delivery models for transitional substance abuse supportive services for very low-income women and their children. While many of these programs include short-term clean and sober transitional housing as part of their programs, most of the agencies administering the program have identified long-term housing as a significant barrier for these clients.

Both the state and the federal government fund supportive housing programs that can serve population with substance abuse issues. For example, the Department of Mental Health, through the Supportive Housing Initiative Act (SHIA), provides grants to supportive housing programs statewide. The SHIA legislation encourages the development of affordable, permanent housing with supportive services for low-income people with various disabilities, special needs, and chronic health problems, such as substance abuse. However, SHIA and other programs are not funded at the level needed to meet the needs of this population in all communities throughout the state.

Permanent housing needs of this population differ across the state. The outpatient program in rural El Dorado County has easy access to low-income housing; programs in urban areas, such as Alameda and Los Angeles Counties, contend with a lack of affordable housing. The women leaving the DSS program face the same challenges with housing as the general population in the state, but they are at higher risk for becoming homeless than much of the general population. Consequently, without housing subsidies, low-income women attempting recovery may be forced to compromise safety for themselves and their children, risk sobriety, threaten family reunification goals, and/or leave program-established support systems by finding shelter in less desirable locations. Leaving support systems that validate drug-free lifestyles will jeopardize recovery goals because many clients may return to drug use in order to cope with this stressful situation.

TIMEFRAME FOR IMPLEMENTATION

This initiative could be implemented within eight to twelve months of administrative approval if the necessary resources are provided.

Proposal 3.13: Develop and improve current inter-agency communication and agreements with the state agencies that can influence and enhance release plans for inmates being released by the Department of Corrections.

Submitting Agency: Department of Corrections

RECOMMENDATION

The California Department of Corrections (CDC) proposes to pursue multiple strategies to improve discharge planning for inmates to parole and to enhance the stability of inmates prior to parole. Key to these strategies is improved coordination and new agreements between CDC and a variety of state agencies, including the departments of Alcohol and Drug Programs (ADP), Employment Development (EDD), Health Services (DHS), Housing and Community Development (HCD), Mental Health (DMH), Motor Vehicles (DMV), and Veterans Affairs (CDVA).

Proposals that could be pursued by CDC include:

1. Expand eligibility for mother prisoner housing programs. Female offenders with young children are at special risk of homelessness. Two alternative sentencing programs already exist for mothers with children under age 6: Family Foundation and the California Mother Prisoner Program. These programs provide supportive services housing either as an alternative to incarceration in prison or as a support system for parolees. These programs have available slots that are not being utilized. There should be a statutory change to make virtually all women offenders with young children who are not guilty of violent crimes eligible for these programs, including those convicted of drug offenses.
2. Coordinate with a variety of agencies, state and federal, to ensure eligible inmates receive available services and/or benefits. These would include: Supplemental Security Income (SSI), Medi-Cal, driver's licenses, veteran's benefits, employment training, financial management, mental health services, and others.
3. Enhance inmate stability upon release. Proposed internal changes within CDC include:
 - ◆ Working more closely with community- and faith-based programs.
 - ◆ Increasing opportunities for inmates to secure employment prior to discharge.
 - ◆ Requiring inmates to save funds earned in prison while also encouraging willing and compatible inmates to share expenses and residence upon release.
 - ◆ Ensuring that all inmates complete, with qualified help and prior to release, all necessary paperwork required to obtain benefits and services.

- ◆ Utilizing closed community corrections facilities (CCF) as halfway houses for extending substance abuse programs.
- ◆ Expanding pilot programs that help prepare inmates for release.
- ◆ Intervening when inmates do not have firmly established residence plans, including retaining inmates beyond their early parole release date for up to six months to provide time to develop parole plans.
- ◆ Educating inmates about available programs in the geographical area of their parole location.
- ◆ Establishing a parole “facilitator” in the institutions to gather materials specifically germane to the individual. Once the inmate is paroled, he/she would contact the assigned Parole Agent and at the same time would contact the facilitator for that area. In this manner, facilitators in institutions and out of institutions would bridge the gap for the parolee by providing information regarding employment, housing, and education tied to the community resources.
- ◆ Creating an electronic database for education records. Current paper-intensive files are utilized to record educational accomplishments. This information is not forwarded to the Parole Units. This proposal would permit Parole Agents to make decisions and recommendations in identifying community resource groups providing jobs, housing, and support services.
- ◆ Duplicating, where possible, the new cooperative pilot between the Sacramento City Unified School District, Sacramento Skill Center, and CDC to create a bridge from institutional services to community services for inmates being paroled where a Police and Corrections Team (PACT) program exists. The main focus would be on academic and vocational certification/training but would also assist the inmate with resources for other assistance, including employment, substance abuse counseling, food, and shelter.
- ◆ Equipping inmates with a transition plan to receive a continuum of community care upon release to parole.
- ◆ Developing master lists of placement resources and options by county, including the acute and sub-acute medical and mental health facilities and housing for indigent persons. Ideally, the state would eventually fund transitional care services for parolees.
- ◆ Establishing one staff person at each institution dedicated solely to provide pre-parole planning as it pertains to the parolee's access to medical (including mental health) care in the community. (This staff should be an LCSW. A model for this type of staff position currently exists at community and state hospitals.)

- ◆ Developing a process to identify and track homeless parolees.
- ◆ Developing automation within CDC to share and exchange timely information prior to an inmate's release regarding issues impairing release stability.
- ◆ Establishing cross training on site for all levels of the Parole Agent and Correctional Counselor series.
- ◆ Identifying Parole Agents to supervise homeless parolees on homeless caseloads to enhance consistency regarding knowledge about resources and community placement.
- ◆ Entertaining feasibility of "Care Fairs" (based on veteran Stand Downs concept) for homeless parolees.

CDC can elaborate on all the above recommendations and is continuing to explore other potential actions.

RESOURCE CONSIDERATIONS

Multiple CDC recommendations may require submitting Budget Concept Statements (BCSs) and will affect certain aspects of the Unit 6 employee workload that must be negotiated. BCSs and negotiations could delay or eliminate CDC's ability to implement recommendations affecting its internal operations. Workload negotiations could effect CDC's budget, but the cost cannot be determined at this time. Some of the recommendations could be of minimal cost while others could be substantial. Exact costs cannot be known without additional discussion and dialogue.

BACKGROUND

Typically, CDC releases approximately 125,000 inmates annually, while the Parole and Community Services Division (P&CSD) of CDC is charged with the supervision of 125,000 plus parolees annually. CDC estimates that about 7,500 parolees (roughly seven percent) are homeless. A recent report by the Urban Institute suggests that in some areas where low-cost housing is at a premium, such as San Francisco and Los Angeles, perhaps one-fourth to one-half of parolees end up homeless for at least some period of time.

Release to parole is mandated by law with the exception of those inmates sentenced under the Indeterminate Sentence (pre-1979) or sentenced to Life. California Penal Code (PC) § 3003 requires inmates being released to parole to return to their last county of legal residence. It is the public's perception that once committed to CDC, CDC becomes exclusively responsible for the inmate/parolee population, but recidivism studies reveal that planning for release to the

community with the community's involvement promotes better adjustment. Thus, an inmate's discharge planning prior to parole is of paramount importance.

Discharge planning is only as good as CDC's ability to work closely with other public agencies. The inmate population does not have the ability to schedule appointments with social service agencies prior to their release. Consequently, once they parole, it can take months before a program can be secured for a mentally ill or physically challenged parolee. It is estimated that perhaps 15 percent of California's prison population suffers from severe mental illness. These factors, plus an average inmate level of education at about the sixth grade level, frustrates reintegration into society.

IMPLEMENTATION TIMEFRAME

The implementation timeframe varies widely from recommendation to recommendation. Some could be completed in the very short term, some would require additional time and resources, and still others would require additional study.

Proposal 4.1: Develop a standardized CalWORKs eligibility pre-screening tool that can be used for people who are currently or at risk of becoming homeless.

Submitting Agency: Department of Social Services

RECOMMENDATION

Develop a standardized CalWORKs eligibility pre-screening tool that can be used for people who are currently or at risk of becoming homeless. Potential applicants for CalWORKs and agencies that do not administer the CalWORKs program (such as local mental health, substance abuse, health, faith-based organizations, and employment agencies) would be able to access this tool.

Potential actions to implement this proposal include:

1. Expanding the current Welfare-to-Work Division external home page to include a link to an interactive website on the Internet
2. Including a simple set of general eligibility-related questions on the website as a pre-screening tool and other information about the CalWORKs program (i.e., cash, employment, etc.)
3. Including a disclaimer on the website to alert users to contact their local welfare office for final eligibility determination

Low-income families that are homeless or at risk of becoming homeless could benefit from but may not be aware of, the services of the CalWORKs program for which they may be potentially eligible. The CalWORKs program offers a wide array of services to assist families in becoming self-sufficient, and such services may prevent families from becoming homeless.

Currently, there is no way to assess potential eligibility for CalWORKs services. By developing a pre-screening eligibility tool, individuals and agencies quickly would be able to determine if CalWORKs would be a possible resource by allowing them to determine potential eligibility before making a referral to the county welfare department for official determination.

This proposal also enhances public awareness and integration of the CalWORKs program with other public and private service programs. The state's investment in this project would be leveraged to enable CDSS and participating counties to quickly bring to the public a more focused level of access to critical government services.

RESOURCE CONSIDERATIONS

The development of a pre-screening tool can be done using existing resources. However, the department cannot absorb the additional time and funding required to develop the website program and publish the availability of the tool. Costs for planning and developing this project are estimated to be approximately \$270,000 plus ongoing maintenance (amount to be determined). This budget augmentation would be used to:

- ◆ Write the Internet program
- ◆ Build and maintain the interactive website
- ◆ Develop the appropriate questions to be programmed for pre-screening CalWORKs eligibility

BACKGROUND

CalWORKs is a welfare program, authorized by Welfare and Institutions Code (WIC) Section 11200, which gives cash aid and services to eligible needy California families. The program serves all 58 counties in the state and is operated locally by county welfare departments. If a family has little or no cash and needs housing, food, utilities, clothing, or medical care, they may be eligible to receive immediate short-term help. Families that apply and qualify for ongoing assistance receive money each month to help pay for housing, food, and other necessary expenses.

Within the CalWORKs program, the Homeless Assistance Program is authorized by WIC Section 11450(f) to meet the reasonable costs of securing permanent housing and is also available to meet the costs of temporary shelter while the family assistance unit (AU) is seeking permanent housing. Funding is provided by Temporary Assistance to Needy Families (TANF), state maintenance of effort (MOE), and county-share funds.

The target populations for these services are families who are apparently eligible for CalWORKs and who lack a fixed and regular nighttime residence or are living in a shelter. Temporary and permanent homeless assistance benefits are limited to once-in-a-lifetime, with the following exceptions:

- ◆ Domestic violence by a spouse, partner, roommate
- ◆ The former residence is no longer habitable because of sudden and unusual circumstances beyond the applicant/recipient's control
- ◆ A medically verified physical or mental illness, excluding alcoholism, drug addiction, or psychological stress

Other states, such as Colorado and Ohio, have interactive websites that allow individuals to determine their potential eligibility online. There is no existing website in California that has current business processes that would allow individuals to determine their potential eligibility or identify the full range of services available through the CalWORKs program. Without visiting a local office, that type of program information is not consistently available and, in some instances, is unavailable altogether. Also, the existing static home page at CDSS was not originally designed for and is not helpful in assisting program participants find the appropriate services. A more comprehensive effort supported by Internet technologies is required.

IMPLEMENTATION TIMEFRAME

This initiative could possibly be implemented within eight to twelve months of administrative approval, if the necessary resources are dedicated to the completion of the project.

Proposal 4.2: Enhance the CalWORKs Indian Health Clinic (IHC) Program to include a risk assessment for homelessness.

Submitting Agency: Department of Social Services

RECOMMENDATION

Enhance the CalWORKs Indian Health Clinic (IHC) Program to include a risk assessment for homelessness. As part of their administrative responsibilities, clinic staff could identify and refer at-risk individuals and families to local supportive housing programs when clients present themselves for enrollment into the IHC program or when they are in need for such services during discharge planning.

Actions required to implement this proposal include:

1. Work with the IHCs and other knowledgeable resource people to develop a standardized risk-assessment for homelessness.
2. Distribute the risk-assessment tool to the IHCs and provide technical assistance and training on its use.
3. Augment the existing IHC grant awards to include these services.

RESOURCE CONSIDERATIONS

The assessment and referral process would have to be developed and funding for the homelessness prevention program services would have to be identified. The cost for these activities has yet to be determined; however, the state administrative costs for this initiative could be absorbed by the existing infrastructure.

BACKGROUND

Welfare programs must ensure the provision of equitable access to services for those in need, including Native Americans. This population has traditionally been excluded from access to readily available, geographically accessible, and culturally relevant services. Homelessness is a major concern for the Native American population, especially in urban areas where housing is expensive.

CalWORKs currently provides services necessary to assist recipients to successfully transition from welfare to work, including some housing services. Should additional funding become available through this initiative, the IHC program recipients could access these services via participation in CalWORKs.

The Governor's Budget Act of Fiscal Year 2001-02 appropriated \$2.8 million for disbursement to designated Indian Health Clinics through a request for applications (RFA) process. The program is administered through an interagency agreement between CDSS and the Department of Alcohol and Drug Programs (ADP).

CalWORKs provides supportive services to eligible applicants/participants. However, cultural barriers have prevented Native Americans from accessing these services. The intent of the contract services is to identify those individuals who are receiving or may be eligible for CalWORKs program assistance. As such, this appears to be a natural homelessness prevention measure to include within an existing system.

Counties may provide housing assistance as part of their CalWORKs program services. Unfortunately, IHC program funds are limited to mental health and substance abuse services and funding for the program for the current contract period for the clinics expires on June 30, 2003.

The current funding level for housing assistance may not be sufficient to meet the needs of Native American CalWORKs participants. Providing this service to Native Americans would be consistent with the intent of CalWORKs. Implementation of this policy would impact ADP. The Department of Social Services and ADP jointly administer the IHC Program.

An informal survey of the IHCs indicated that housing is often a concern for participants in both rural and urban areas. IHCs support homelessness prevention activities and would like to highlight awareness of this concern by increasing the availability of housing services to Native Americans.

IMPLEMENTATION TIMEFRAME

This initiative could possibly be implemented within eight to twelve months of administrative approval, if the necessary resources are dedicated to the completion of the project.

Proposal 5.1: Establish a goal of creating 11,250 units of supportive housing by 2010 using funds from the housing bond and other sources.

Submitting Agency: Department of Housing and Community Development

RECOMMENDATION

The Governor and the Legislature have placed a \$2.1 billion housing bond on the November ballot. The bond includes \$195 million for supportive housing. Other programs, such as the Multi-Family Housing Program (MHP) and the Emergency Housing Assistance Program (EHAP), already permit the use of funds for supportive and transitional housing without need for legislative action. The Task Force recommends that the Governor direct the department of Housing and Community Development to prioritize the use of state bond funds to create at least 6,250 units of supportive housing. HCD estimates that this would require using up to \$305 million of bond funds in addition to the \$195 million already in the bond for supportive housing.

The Task Force recommends that the state establish an initial goal of funding 11,250 units of supportive housing by 2010. The need for supportive housing exceeds this number but there is no reliable estimate of the actual need. The Council on Homelessness should convene a working group of state and local agencies to develop an accurate assessment of the need for supportive housing and recommend how to meet this need. The working group should include HCD, the California Tax Credit Allocation Committee, the California Housing Finance Agency, the California Debt Limit Advisory Committee, the Department of Health Services, the Department of Mental Health (DMH), the Department of Corrections, the Department of Veterans Affairs, public housing authorities, redevelopment agencies, local housing officials, and advocates for the homeless. Among the issues the working group should consider are:

- ◆ Options for developing a permanent source of capital funding for supportive housing
- ◆ Giving increased priority for supportive housing from existing state and federal housing resources
- ◆ Giving increased priority for supportive housing from the Low and Moderate Income Housing portion of redevelopment agency funds
- ◆ Methods for utilizing California's uncommitted federal rental assistance for supportive housing
- ◆ Methods for providing services to residents of supportive housing
- ◆ In conjunction with DMH and the California Health and Human Services Agency Research Council or other similar research entity, ways to evaluate the effectiveness of supportive housing

The Governor should endorse the federal proposal by the Corporation for Supportive Housing to build 150,000 units of supportive housing nationwide in ten years. This ambitious goal requires a substantial new commitment by the federal government to solve the problem of long-term homelessness. The Task Force also recommends that the Governor endorse the National Housing Trust Fund legislation that would create a permanent source of funding for state and local governments to build housing for those making less than 30 percent of the area median income. The Task Force recommends that the Governor make both proposals a top federal priority.

RESOURCE CONSIDERATIONS

This proposal does not require immediate increases in state funds, but would require additional state resources to meet anticipated need for affordable housing. Increases in supportive housing will increase expenditures for Medi-Cal services. This proposal requires federal funding increases.

BACKGROUND

The proposal to utilize bond funding does not require legislative action. EHAP and MHP statutes and regulations already permit their use for supportive housing with services. This would have the practical effect of insuring that a greater percentage of bond funds went to those with incomes below 30 percent of median income, the income group with the greatest housing challenges.

The goal of 11,250 units of supportive housing by 2010 is arrived at by use of general obligation bond funds and existing housing programs like the federal and state low income housing tax credit. HCD estimates that \$500 million in bond funds will finance approximately 6,250 units of supportive housing. The California Tax Credit Allocation Committee already devotes approximately five percent of the federal low-income housing tax credit to housing with services, resulting in between 500 and 750 units of supportive housing annually. Assuming an average of 625 units per year, this would create another 5,000 units by 2010. Combining bond funds and tax credits, the state will build about 11,250 units by 2010. By comparison, the much-touted "New York, New York" plan will supposedly result in 3,615 units of supportive housing in ten years.

The national proposal to build 150,000 units of supportive housing includes three key elements. First, it requires state and federal rental housing production funds to provide capital for building or acquiring units. There is no reliable data about the number of supportive units needed in California. Estimates vary from a low of 18,000 units to a high of 75,000 units. The proposed Council should develop a reliable goal and, in conjunction with the listed agencies, develop a long-term strategy for meeting this goal. The Governor should also strongly advocate for the

National Housing Trust Fund legislation that would provide an important new source of capital for meeting this goal.

Second, the proposal requires the federal government to provide \$2 billion annually in new Project-Based or Tenant-Based Rental Assistance from either Shelter Plus Care or Section 8. The Council should consider whether increased flexibility in the use of federal rental assistance or housing block grant programs is needed to accomplish the goal.

Third, the proposal requires a provision of services for the tenants. While the majority of services are health-related, services are also needed in the areas of employment development, benefit advocacy, and criminal/civil law. The principle way that services currently get paid for is through the federal McKinney-Vento program, which provides \$300 million for services annually. This proposal would shift the cost of health services to the U.S Health and Human Services Agency (HHS) and requires changes in HHS health programs to allow federal health funds to be used to provide services to supportive housing residents.

The proposal to utilize Medicaid and other HHS funding streams for services will require a state match. But research indicates that providing housing with services is less expensive than allowing homeless persons to continually access a variety of government programs. The proposed Council should be charged with documenting the costs avoided, if any, from providing supportive housing from existing programs.

IMPLEMENTATION TIMEFRAME

This proposal would be implemented through 2010, with the bulk of funds from the housing bond (if passed) being spent by 2008.

Proposal 5.2: Amend state law to more closely integrate fair housing law with laws related to local land use approval.

Submitting Agency: Department of Housing and Community Development

RECOMMENDATION

Amend the Government Code (GC) to add a section to reinforce and more closely integrate existing obligations of state and federal fair housing laws and housing element law. Existing statutes relative to the provisions below include GC Sections 65008, 65583, 65913.1, and 12900 through 12996; Health and Safety Code Sections 1267.8, 1566.3, 1568.083; and 42 U.S.C. 3601 et. seq. These are intended to increase local government obligation to approve applications for supportive housing and emergency shelters.

In processing applications for supportive housing and emergency shelters projects, impose a clear statutory burden of proof for local government to establish that its policies, ordinances, development standards, criteria or regulations, including those for the purpose of protecting the public health, safety, and welfare; as well as any development project application process, any conditions of approval or mitigation measures; or actions on development project applications comply with the following provisions. This shall require adoption of findings establishing compliance with all of these provisions where applicable.

1. Do not disproportionately impact groups or individuals on the basis of race, color, religion, sex, familial status, marital status, national origin, ancestry, income, or mental or physical disability
2. Are not based on opposition to prospective occupants on the basis of race, color, religion, sex, age, familial status, marital status, national origin, ancestry, income, or mental or physical disability
3. Are subordinate to (or preempted by) an affirmative obligation to make housing opportunities available to groups or individuals who are homeless or mentally or physically disabled
4. Do not impose requirements on siting group homes with six or fewer residents that are not applicable to other residential uses
5. Make reasonable accommodation and access to residential dwelling units or emergency shelters
6. Do not restrict the siting of residential developments for mentally or physically disabled individuals or groups unless a development project could not be accommodated without

taking unreasonable steps or imposing undue burden on the local government or its denial would serve a compelling governmental purpose

7. Identify adequate sites to encourage and facilitate the feasibility of developing and operating emergency shelters or supportive housing affordable to very low income individuals or households
8. Remove constraints to siting housing intended for occupancy for persons with disabilities

FISCAL CONSIDERATIONS

The cost would be nominal to the state since there is no state oversight required. There will be a modest cost to local governments to develop findings that they are in compliance with fair housing laws.

BACKGROUND

Besides financing, the biggest barrier to producing more housing for the homeless is opposition from local governments to siting emergency shelter and supportive housing. Numerous commentators asked the Task Force to develop recommendations that would reduce barriers to building such housing. Of particular concern was the lack of enforcement of fair housing requirements for those with disabilities. Current housing element law requires provisions related to items 7 and 8 above. It requires analysis of special housing needs, including those of persons with disabilities and families and persons in need of emergency shelter. Housing element law also requires removal of constraints to, or providing reasonable accommodations for housing designed for, intended for occupancy by, or with supportive services for, persons with disabilities. This recommendation would clarify the relationship between fair housing and housing approval and make it more difficult to turn down proposed developments without due consideration of the fair housing impacts.

There is currently no state law that connects requirements to abide by fair housing and laws limiting the discretion of local governments to disapprove housing for those with low incomes. Requiring local governments to make findings eliminating bias from their approval processes would result in less discrimination against housing for this population.

IMPLEMENTATION TIMELINE

This recommendation is long term because it will require legislation and a period of implementation at the local level.

Proposal 5.3: Prescribe local permit processing standards for supportive housing and emergency shelters.

Submitting Agency: Department of Housing and Community Development

RECOMMENDATION

Amend planning and zoning law to restrict discretion in local permit processing of supportive housing or emergency shelter development applications, and to require affirmative actions by local governments by:

- ◆ Stating that the provision of supportive housing and emergency shelters is a matter of statewide concern.
- ◆ Prohibiting an action denying approval of an application for supportive housing or an emergency shelter unless findings can be made that adequate housing or shelter opportunities are or will be made available in the community and are or will be accessible to mentally and/or physically disabled or homeless individuals or groups at one or more alternative sites within a specified period of time.
- ◆ Establishing maximum site development standards that may be imposed on supportive housing or emergency shelter, similar to sections of Government Code (GC) that apply to second units and manufactured housing. GC Section 65852.150 provides the statutory framework that allows local jurisdictions to establish and adopt 2nd-unit ordinances. GC Section 65852.2 identifies the development standards (i.e., building setback, height, size, lot coverage, and on-site parking) that a jurisdiction has the authority to impose on second units. In most cases these standards are imposed as part the discretionary review and approval process (i.e., use permit) and found as conditions of approval. Pursuant to GC Section 65852.3, the siting and land use development standards for manufactured housing must be consistent with those standards for conventional “stick-built” residences. Local jurisdictions can impose architectural standards limited to roof overhang and roofing and siding materials.

Development standards for supportive housing of more than six units and for emergency shelter should be flexible and allow deviations without a formal variance request, thus eliminating the need to make findings. These supportive housing or emergency shelter development project applications should be subject to ministerial processing, allowing approval, including allowed deviations, to be done at the staff level. Projects meeting standards would be allowed by right in quasi-public, commercial, and industrial zones.

Development standards for supportive housing of more than six units and for emergency shelter should be required to incorporate incentives in the form of reduced development standards and/or financial contribution. For example, compliance with a minimum set of standards (i.e. lighting, landscaping, hours of operation, providing telephone access, percent of the facility catered to families), could allow for parking requirements to be reduced or fees to be waived. Also, local jurisdiction could provide financial assistance in the form of transit subsidies to residents of the development.

- ◆ Requiring every county, and cities with populations of 50,000 or more, should to designate an emergency shelter and supportive housing coordinator, and to make available written policies describing the city or county's policies and procedures to facilitate the siting and permit processing of applications for supportive housing and emergency shelters. Duties would include overseeing a pre-application process; being the primary point person for site plan and design review; developing partnerships with local and regional social service providers and law enforcement; keeping abreast of local needs and available services; monitoring compliance with permit provisions; proactively facilitating public outreach and education programs; and other activities related to the prevention of homelessness.

RESOURCE CONSIDERATIONS

There will be little or no impact on state programs and agencies. Potentially significant impact on state General Fund for re-imbursements of mandate requiring local governments to have a supportive housing and emergency shelter coordinator.

BACKGROUND

Local governments are afforded considerable discretion in making land use decisions. Neither current housing element law nor any other provision of law requires local governments to meet the housing needs of all its residents. While state law does limit the discretion of local governments to reject low-income housing developments, they still may do so under limited conditions even if there is a need for such housing in their community.

Most local governments do not keep pace with the need for new housing brought on by population increases and new household formation. HCD estimates that during the 1990s, California built 600,000 fewer units of housing than needed to keep up with the increase in households. With California's population expected to increase by another four to five million residents by 2010, this shortage will become larger unless significant corrective actions are taken. A lack of supply results in a low homeownership rate, overcrowding, high housing costs, and extremely high rent burdens for very low income households. The lack of housing

discourages the development of jobs. This proposal would limit the discretion of local officials to reject housing applications where a need for that type of housing existed in the community.

IMPLEMENTATION TIMELINE

Legislation could be prepared for the 2003-04 legislative session.

Proposal 5.4: For development applications for supportive housing for more than six individuals or for emergency shelter, expand the authority of an existing state agency or establish a new or subsidiary state-chartered entity authorized to review local government land-use decisions.

Submitting Agency: Department of Housing and Community Development

RECOMMENDATION

For development applications for supportive housing for more than six individuals or for emergency shelter, expand the authority of an existing state agency or establish a new or subsidiary state-chartered entity authorized to override local government land-use decisions.

The entity could do the following:

- ◆ Review and make overriding determinations regarding any local government action on development applications for supportive housing for more than six individuals or for emergency shelter
- ◆ Have exclusive jurisdiction for specified supportive housing or emergency shelter applications of a minimum size or service threshold in jurisdictions without a certified housing element
- ◆ Include representation from federal, state, and local housing officials or representatives of agencies that provide housing and social services to individuals and groups in need of supportive housing and emergency shelter
- ◆ Function on a regional basis within the state, either rotating meetings throughout the state (similar to the Coastal Commission), or with regional offices with separate representation for each region (similar to the Water Resources Control Board)
- ◆ Develop multi-jurisdictional agreements with localities regarding emergency shelter and supportive housing siting that provides for the expedient selection of appropriate sites and development and service delivery standards within each region of the state

The Department of Housing and Community Development (HCD) proposes to evaluate existing regulatory frameworks from California and other states and recommend legislation, if appropriate, for the 2003-04 legislative session.

HCD would review existing regulatory frameworks such as the California Energy Commission's (CEC's) exclusive jurisdiction to act as the lead agency for the certification of sites and licensing of thermal power plants and other facilities under Public Resources Code §25500 through 25542 (including §21165 and 25519(c) in particular). The CEC has exclusive power to certify all

sites and related facilities in the state, whether a new site and related facility or a change or addition to an existing facility. The CEC is authorized to issue decisions and approve or deny project applications. The issuance of a certificate by the Commission is in lieu of any permit, certificate, or similar document required by any state, local, or regional agency, and supersedes state, local, regional agency, or federal statutes, ordinances, or regulations. The CEC's siting process also includes provisions for expedited processing and environmental review pursuant to CEQA, portions of which might be applicable.

Other examples of State entities with certification responsibilities are the Water Resources Control Board and the Coastal Commission. The Coastal Commission is authorized to act on local development applications in coastal zone jurisdictions without approved local coastal plans (LCPs), and to act on appeals of coastal development permits made by coastal zone jurisdictions with approved LCPs.

HCD would also examine land use override programs in the states of Massachusetts and Oregon to determine their appropriateness for California.

RESOURCE CONSIDERATIONS

There would be some cost to the state to establish and maintain this program, but estimates will not be available until HCD completes its review.

BACKGROUND

Local governments are afforded considerable discretion in making land-use decisions. Neither current housing element law nor any other provision of law requires a local government to meet the housing needs of all its residents. While state law does limit the discretion of local governments to reject low-income housing developments, they still may do so under limited conditions even if there is a need for such housing in the community. It is common practice for local governments to require housing sponsors to make significant changes in project design and density in order to receive support from elected officials. This results in higher costs for developers and government funding programs, less affordability, and fewer housing units built. Some local government officials have asked that the state make the decisions on certain affordable housing developments due to strenuous local opposition.

This proposal would put the state in a position to impact local land use decisions. It would also make the state responsible for decisions that override local determinations. Local decisions have an impact on surrounding communities who must absorb residents from communities that are not creating adequate housing opportunities. Experience from other states indicates that the existence of a state override of local land use decisions has an ameliorating effect on local land use decisions. Few appeals to the state are actually made because local governments are concerned that state decisions may miss nuances that are important to local officials.

Developing a state override mechanism would reduce the influence that neighborhood opponents have to erect barriers to development.

IMPLEMENTATION TIMELINE

HCD could complete the necessary review and have legislation ready, if appropriate, for the 2003-04 legislative session.

Proposal 5.5: Establish a Base Conversion Committee to monitor the conversion of closed military bases and support homeless service providers by requiring cities and counties to include them in the conversion process.

Submitting Agency: Department of Veterans Affairs

RECOMMENDATION

Establish a Base Conversion Committee to monitor the conversion of closed military bases and support homeless service providers by requiring cities and counties to include them in the conversion process. Committee members would include the Department of Veterans Affairs, the Technology, Trade and Commerce Agency, the Business, Transportation and Housing Agency, the Governor's Office of Planning and Research, and the departments of Housing and Community Development, Social Services, and Toxic Substances Control.

RESOURCE CONSIDERATIONS

Implementing this proposal would have a minimal fiscal impact.

BACKGROUND

When a military base lands on the base closure list, the federal McKinney Act requires the property's value be used to help solve the homeless problem in the area of the base closure.

With the McKinney Act, homeless service providers do not have to buy land, build beds, and go through the tedious process and heavy costs of getting a Conditional Use Permit. The provider need only expend funds to modify an existing building, resulting in beds getting filled sooner at significantly less cost than non-base projects.

Each jurisdiction in California deals with this issue separately. Many cities and counties have resisted giving homeless service providers facilities on base land and have instead negotiated to provide comparable facilities elsewhere. For example, in San Diego, the city offered to add 150 more homeless beds in the same district as the Naval Training Center but not on Naval Training Center land. Ultimately, the city obtained a motel property for Vietnam Veterans of San Diego, gave the organization \$400,000 to add 40 more beds and \$375,000 to upgrade the kitchen and serving area to handle the increase. In San Francisco, the prime locations of both Treasure Island and the Presidio have meant great resistance to the idea of using a portion of either property for housing for the homeless. Swords to Plowshares, a homeless veterans organization, ultimately received buildings at both sites, but not without great difficulty.

The state should help monitor the conversion of closed military bases and support homeless service providers by requiring cities and counties to include them in the conversion process.

State involvement could help remove some of the pressure from homeless service providers in their battles for a piece of the closed bases.

Additionally, the state may have a role in facilitating the successful transformation of bases into supportive housing for the homeless. As an example, the Department of Housing and Community Development is currently working with a developer on Treasure Island, caught between the United States Navy and the Department of Toxic Substances Control over remediation standards for environmental hazards. The proposed State body could help remove such barriers.

IMPLEMENTATION TIMEFRAME

This proposal could be implemented immediately.

Proposal 5.6: Submit a waiver to the U.S. Department of Housing and Urban Development for authorization for local contractors to implement a shallow rent subsidy program using existing funds available through the Housing Opportunities for Persons with AIDS program.

Submitting Agency: Department of Health Services

RECOMMENDATION

The Office of AIDS within the Department of Health Services is the grantee for the Housing Opportunities for Persons with AIDS (HOPWA) program, funded through the U.S. Department of Housing and Urban Development (HUD). HOPWA provides a variety of housing assistance and supportive services to persons with HIV/AIDS and their families who are homeless or at risk of homelessness.

DHS proposes to submit a waiver to HUD for authorization for local contractors to implement a shallow rent subsidy program using existing funds available through the HOPWA program.

RESOURCE CONSIDERATIONS

The Office of AIDS can provide this assistance with available resources. Existing staffing resources can provide technical assistance in program design to local housing and supportive service agencies in the creation and implementation of local shallow rent subsidy programs.

Shifting available HOPWA funding to a shallow rent subsidy program is a funding decision made by local HOPWA contractors and would directly impact the allocation of HOPWA funds to other categorical uses.

BACKGROUND

Many individuals and families living with HIV/AIDS risk homelessness on a monthly basis. In California, with increasing rents and low vacancy rates, affordable housing units are at a premium. Section 8 assistance is no longer a viable solution, with average rents in many areas of the state that far exceed the Fair Market Rent standards required of Section 8 units and a tight housing market that allows landlords to set rental standards that cannot easily be met by subsidized renters.

Utilization of HOPWA funds to provide a small monthly housing subsidy (typically \$100 to \$150 per month) is a stopgap measure that prevents impending homelessness by allowing a household to stabilize and remain housed until an affordable, more deeply subsidized housing unit or other assistance becomes available.

Full rental subsidy programs such as Section 8 or Tenant-Based Rental Assistance set the affordability standard with tenants paying no more than 30 percent of their income for rent and utilities. These programs provide a deeper subsidy over the long term, but require a greater investment of resources. A shallow subsidy should not be the long-term solution, but can prevent impending homelessness for a larger number of households than a full subsidy with the same level of resources.

Administration of a shallow rent subsidy program does not require housing expertise and could be provided by case managers as well as housing staff. Case managers are frequently a key point of entry for disenfranchised populations entering the system of care. Making this type of housing assistance available through a variety of agencies, such as public health, mental health, etc., is of particular significance in light of recent efforts to create a more integrated, comprehensive system of access points to help bring underserved and disenfranchised populations into care.

IMPLEMENTATION TIMEFRAME

A waiver could be developed for immediate submittal to HUD. Final approval and implementation of a shallow rent subsidy program could be finalized for the 2002-03 program year.